**MAGNETIC RESONANCE (MR) PROCEDURE SCREENING FORM FOR PATIENTS**

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<tr>
<th>Date</th>
<th>Patient Number</th>
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<tr>
<th>Name</th>
<th>Age</th>
<th>Height</th>
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<th>Date of Birth</th>
<th>Male</th>
<th>Female</th>
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<th>Address</th>
<th>Telephone (home)</th>
<th>Telephone (work)</th>
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<th>City</th>
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<tr>
<th>Date</th>
<th>Type of surgery</th>
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1. Have you had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind?  
   □ No  □ Yes  
   If yes, please indicate the date and type of surgery:  
   Date ___ / ___ / ___  
   Type of surgery  
   Date ___ / ___ / ___  
   Type of surgery

2. Have you had a prior MRI?  
   □ No  □ Yes  
   If yes, please list:  
   Body part  
   Date  
   Facility  
   MRI  
   / / /  

3. Have you experienced any problem related to a previous MRI examination or MR procedure?  
   □ No  □ Yes  
   If yes, please describe:  

4. Have you had an injury to the eye involving a metallic object or fragment (e.g., metallic slivers, shavings, foreign body, etc.)?  
   □ No  □ Yes  
   If yes, please describe:  

5. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)?  
   □ No  □ Yes  
   If yes, please describe:  

6. Do you have a history of asthma, allergic reaction, or respiratory disease?  
   □ No  □ Yes

7. Do you have seizures?  
   □ No  □ Yes

**For female patients:**

8. Are you pregnant or suspect you could be pregnant?  
   □ No  □ Yes

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WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI, MR angiography, functional MRI, MR spectroscopy). Do not enter the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist or Radiologist BEFORE entering the MR system room. The MR system magnet is ALWAYS on.

Please indicate if you have any of the following:

- Yes  No  Aneurysm clip(s)
- Yes  No  Cardiac pacemaker
- Yes  No  Implanted cardioverter defibrillator (ICD)
- Yes  No  Electronic implant or device
- Yes  No  Magnetically-activated implant or device
- Yes  No  Neurostimulation system
- Yes  No  Spinal cord stimulator
- Yes  No  Internal electrodes or wires
- Yes  No  Bone growth/bone fusion stimulator
- Yes  No  Cochlear, otologic, or other ear implant
- Yes  No  Insulin or other infusion pump
- Yes  No  Implanted drug infusion device
- Yes  No  Any type of prosthesis (eye, penile, etc.)
- Yes  No  Heart valve prosthesis
- Yes  No  Eyelid spring or wire
- Yes  No  Artificial or prosthetic limb
- Yes  No  Metallic suture, filter, or coil
- Yes  No  Shunt (spinal or intraventricular)
- Yes  No  Vascular access port and/or catheter
- Yes  No  Radiation seeds or implants
- Yes  No  Swan-Ganz or thermodilution catheter
- Yes  No  Medication patch (Nicotine, Nitroglycerine)
- Yes  No  Any metallic fragment or foreign body
- Yes  No  Wire mesh implant
- Yes  No  Tissue expander (e.g., breast)
- Yes  No  Surgical staples, clips, or metallic sutures
- Yes  No  Joint replacement (hip, knee, etc.)
- Yes  No  Bone/joint pin, screw, nail, wire, plate, etc.
- Yes  No  IUD, diaphragm, or pessary
- Yes  No  Dentures or partial plates
- Yes  No  Tattoo or permanent makeup
- Yes  No  Body piercing jewelry
- Yes  No  Hearing aid
  (Remove before entering MR system room)
- Yes  No  Other implant
- Yes  No  Breathing problem or motion disorder
- Yes  No  Claustrophobia

Please mark on the figure(s) below the location of any implant or metal inside of or on your body.

IMPORTANT INSTRUCTIONS

Before entering the MR environment or MR system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners, & clothing with metallic threads.

Please consult the MRI Technologist or Radiologist if you have any question or concern BEFORE you enter the MR system room.

NOTE: You may be advised or required to wear earplugs or other hearing protection during the MR procedure to prevent possible problems or hazards related to acoustic noise.

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.

Signature of Person Completing Form: ________________________________

Signature ________________________________ Date _____/_____/______

Form Completed By: □ Patient  □ Relative  □ Nurse ________________________________

Print name ________________________________ Relationship to patient

Form Information Reviewed By: ________________________________

Print name ________________________________ Signature

□ MRI Technologist  □ Nurse  □ Radiologist  □ Other ________________________________

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