



EMPI # \_\_\_\_\_

# MRI SCREENING FORM

PATIENT NAME \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ DOB \_\_\_\_\_

What symptoms have prompted today's visit? \_\_\_\_\_

Yes No Cardiac pacemaker/Implanted Cardioverter Defibrillator (ICD)/Heart valve/Heart surgery:  
**Date/type** \_\_\_\_\_

Yes No Shunts/Stents/Intravascular coil: **Date/type** \_\_\_\_\_

Yes No Ear or eye implants/surgery: **Date/type** \_\_\_\_\_

Yes No Injury to eye involving metal or metal shavings \_\_\_\_\_

Yes No Are you or do you suspect pregnancy? Or are you breast feeding? \_\_\_\_\_

Yes No Brain or brain aneurysm surgery: **Date/type** \_\_\_\_\_

Yes No Any electrical, mechanical, magnetic pumps, stimulators, and/or implants?  
**Date/type** \_\_\_\_\_

Yes No Any body piercing jewelry?

Yes No Any breast tissue expanders?: **Date/type** \_\_\_\_\_

Yes No Shrapnel or metal fragments in skin or body?: Specify \_\_\_\_\_

Yes No Dentures/Hearing aid/Wig: **Please circle which applies.**

Yes No Any type of prosthesis (eye, penile, etc.)?: **Date/type** \_\_\_\_\_

Yes No History of cancer or tumors: \_\_\_\_\_

Yes No Radiation therapy/Chemotherapy: \_\_\_\_\_

Yes No Any allergies or any prior allergic reaction to MRI contrast/dye (Gadolinium)?: **Specify** \_\_\_\_\_

Yes No Respiratory, liver, or blood disorders: **Specify** \_\_\_\_\_

Yes No Any medication patches?: **Specify** \_\_\_\_\_

**All other surgeries:** Date/type \_\_\_\_\_

Please list dates and locations of prior imaging related to today's exam: \_\_\_\_\_

- Yes No Patient is 60 or older
- Yes No History of high blood pressure requiring medication
- Yes No History of diabetes mellitus
- Yes No History of renal disease including:

**Office Use Only:**  
 Creatinine level needed: YES NO  
 Creatinine \_\_\_\_\_ Date \_\_\_\_\_  
 eGFR \_\_\_\_\_  
 22g  20g \_\_\_\_\_ by \_\_\_\_\_  
 IV site \_\_\_\_\_ Attempts \_\_\_\_\_

Dialysis    Kidney Transplant    Single Kidney    Kidney Surgery    History of Kidney Cancer

Patient or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_