INTERMOUNTAIN MEDICAL IMAGING

MRI SCREENING FORM

PATIENT NAME_____ DOB_____ MRN_____

HEIGHT_____ **WEIGHT**_____ REFERRING PROVIDER_____

REASON FOR EXAM:

WARNING! An MRI can be hazardous to you if you have certain metal objects in or on you. **Please complete this form accurately and carefully.**

Do you have any permanent, implanted, or non-removable metal in your body? If yes, check box and give details:	☐ YES	☐NO

Please review this list carefully and mark any conditions/surgeries that you have in your medical history

Aneurysm clip	☐ YES	☐ NO	Shunt ☐programmable ☐non-programmable	☐ YES	☐ NO
CARDIAC PACEMAKER	☐ YES	☐ NO	Medication patch	☐ YES	☐ NO
Implanted cardioverter defibrillator (ICD)	☐ YES	☐ NO	Any metallic fragment or foreign body	☐ YES	☐ NO
Electronic implant or device	☐ YES	☐ NO	Breast tissue expander	☐ YES	☐ NO
Stent, filter, or coil	☐ YES	☐ NO	Bone/joint pin/screw, nail, wire, plate	☐ YES	☐ NO
Neurostimulator, deep brain stimulator	☐ YES	☐ NO	IUD, diaphragm, or pessary	☐ YES	☐ NO
Spinal cord stimulator	☐ YES	☐ NO	Removable Dentures, or partial plates	☐ YES	☐ NO
Internal electrode or wires	☐ YES	☐ NO	Permanent makeup or eyeliner	☐ YES	☐ NO
Bone growth/bone fusion stimulator	☐ YES	☐ NO	**Body piercing jewelry (MUST REMOVE PRIOR TO ENTRY)**	☐ YES	☐ NO
Cochlear, otologic, or other ear implant	☐ YES	☐ NO	Eye lid spring or wire	☐ YES	☐ NO
Insulin or other infusion pump	☐ YES	☐ NO	**Hearing aid (MUST REMOVE PRIOR TO ENTRY)**	☐ YES	☐ NO
Implanted drug infusion device	☐ YES	☐ NO	Dialysis in the last six months	☐ YES	☐ NO
Prosthesis of any kind (eye, penile, etc.)	☐ YES	☐ NO	History of Cancer	☐ YES	☐ NO
Artificial or prosthetic limb	☐ YES	☐ NO	Diagnosed with End-Stage Renal Disease	☐ YES	☐ NO

Have you had an injury to the **eye** involving a metallic object or fragment?	☐ YES	☐ NO
Have you ever been injured by a metallic object or foreign body (e.g.BB, bullet, shrapnel)?If so, where? _____	☐ YES	☐ NO
FOR WOMEN: Is there any possibility that you may be pregnant?	☐ YES	☐ NO

Please list any prior surgeries (with dates):

The MRI scanner uses extremely strong magnetic fields that can produce heating, movement, or electrical currents in ANY metal in or on your body. Before entering the MRI environment, 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, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners and clothing with metallic threads.

Please sign *below to confirm that you have completed this questionnaire to the best of your ability. If you have questions regarding any of the questions above, please ask to speak to a technologist.*

PATIENT OR GUARDIAN SIGNATURE DATE

For Staff Use Only

1. Patient screened for MRI contraindications	☐ YES	☐ NO
2. Patient and equipment checked for MRI safety or compatibility	☐ YES	☐ NO
3. Renal screening sheet completed if applicable	☐ YES	☐ NO

SIGNATURE OF TECHNOLOGIST PROVIDING CLEARANCE DATE