THE RADIOLOGY CLINIC

MRI SCREENING QUESTIONNAIRE

Name: ______________________ **Age:** ______ **Procedure:** ______________________

Height: ______________ **Weight:** ______________ **Exam Date** ______________

Do you have or have you ever had any of the following:

Check Yes or No		Condition
☐ YES	☐ NO	Cardiac pacemaker or implanted cardioverter defibrillator/ICD
☐ YES	☐ NO	Internal electrodes or wires (pacing wires, DBS or VNS wires)
☐ YES	☐ NO	Artificial heart valve, coil, filter, IVC, and/or stent
☐ YES	☐ NO	Aneurysm clip or any other brain surgery
☐ YES	☐ NO	Neurostimulator-TENS Unit, Biostimulator, bone growth stimulator, DBS, VNS
☐ YES	☐ NO	Implanted/External drug pump
☐ YES	☐ NO	IV access port (Port-a-cath, Mediport, Broviac, PICC line, Swan-Gantz, Thermodilution)
☐ YES	☐ NO	Implanted post-surgical hardware or joint replacement (pins, screws, rods, plates, wires)
☐ YES	☐ NO	Artificial eye and/or eye spring
☐ YES	☐ NO	Eye injury from a metal object and/or welding (metal shavings, metal slivers)
☐ YES	☐ NO	Hearing aid, Ear (Cochlear) implant, middle ear implant
☐ YES	☐ NO	False teeth/dentures, metallic removable dental work, braces, retainers
☐ YES	☐ NO	Injured by a metal object (shrapnel, bullet, BB)
☐ YES	☐ NO	Medication patch (nitroglycerine, nicotine, contraceptive, estrogen)
☐ YES	☐ NO	Shunt or Sophy programmable pressure valve
☐ YES	☐ NO	Spinal fixation device, spinal fusion, and/or halo vest, spinal cord stimulator
☐ YES	☐ NO	Surgical clips, staples, or surgical mesh
☐ YES	☐ NO	Tissue expander (breast)
☐ YES	☐ NO	Penile Implant
☐ YES	☐ NO	IUD, Pessary, Diaphragm
☐ YES	☐ NO	Radiation seeds (cancer treatment)
☐ YES	☐ NO	Body piercing, Tattoo or permanent makeup
☐ YES	☐ NO	Claustrophobia

Please List any Allergies:____

For women only:

Question			
Are you pregnant or is there any chance you could be pregnant?	☐ Unsure	☐ YES	☐ NO
Do you have an intrauterine device (IUD)?		☐ YES	☐ NO
Are you breast-feeding?		☐ YES	☐ NO
Are you wearing an underwire bra?		☐ YES	☐ NO

Patient/Guardian Signature: ______________________________ Date: ____________

Witness Signature: ______________________________ Date: ____________