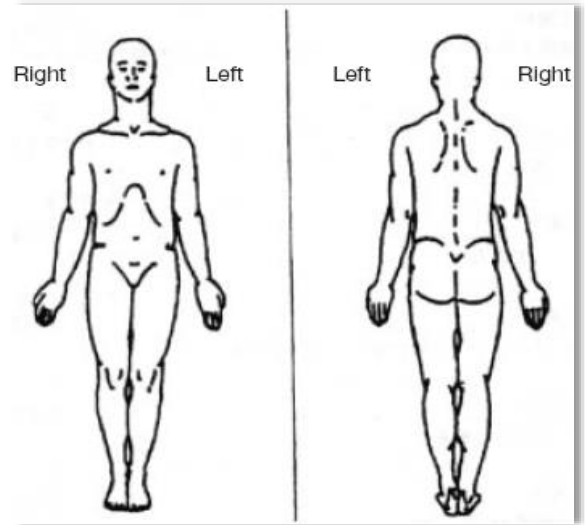


MRI Patient History and Safety Screening

WARNING: The MR magnet is ALWAYS ON. All metallic objects must be removed prior to entering the MR environment. If you have any concerns consult the MRI tech BEFORE entering. Because of the magnetic field and the potential for use of a contrast agent (dye), we must have accurate medical and surgical history. Please answer the questions below and explain.

Please describe your symptoms / Why are you here?



Please place an "X" over affected area(s) by pain:

Yes No Have you had an injury related to your symptoms?
When? _____ Explain: _____

Yes No Have you had surgery to the area we are imaging?
When? _____ Explain: _____

Yes No Cardiac pacemaker or defibrillator - now / before

Yes No Valves, stents or filters Cardiac Aorta Other: _____

Yes No Cochlear (ear) implant

Yes No Aneurysm or aortic clip – Where: _____

Yes No Pumps (implanted or external) – Type: _____

Yes No Shrapnel/bullet fragments – Where: _____

Yes No Neurostimulator (spine/brain/vagus nerve)

Yes No VP shunt - Programable Yes No

Yes No Metal penetrating injury to eyes

Yes No IUD – Type: _____

Yes No Penile implant

IF "YES" or YOU ARE UNSURE OF ANY OF THE ABOVE QUESTIONS, PLEASE TELL THE FRONT DESK STAFF IMMEDIATELY

<input type="checkbox"/> Yes <input type="checkbox"/> No Artificial limbs/joint replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No Body piercing
<input type="checkbox"/> Yes <input type="checkbox"/> No Hearing aid	<input type="checkbox"/> Yes <input type="checkbox"/> No Removable dental work
<input type="checkbox"/> Yes <input type="checkbox"/> No Metal rods/pins/screws in your body	<input type="checkbox"/> Yes <input type="checkbox"/> No Tissue expander (breast)
<input type="checkbox"/> Yes <input type="checkbox"/> No Renal (kidney) disease	<input type="checkbox"/> Yes <input type="checkbox"/> No Pregnant/Breastfeeding
<input type="checkbox"/> Yes <input type="checkbox"/> No Medication patches	<input type="checkbox"/> Yes <input type="checkbox"/> No Prior reactions to MRI contrast

Please note: The noise generated by the operation of the scanner during the MRI may be very loud. As advised by the American College of Radiology, hearing protection is highly recommended for your safety and will be provided by the technologist. I attest that the above information is correct to the best of my knowledge and I have read and understand the content of this form:

Signature of patient: _____ Date: _____

Name of person filling out this form, if other than patient (please print): _____

Relationship to patient (please print): _____

For Technologist Use Only: Please Mark Hearing Protection Used				
<input type="checkbox"/> Earplugs	<input type="checkbox"/> Headphones	<input type="checkbox"/> Both	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Refuse Hearing Protection*
*I have elected not to use hearing protection (<i>patient signature</i>): _____				

Technologist Initials _____ Creatinine/GFR _____

Affix Label Here

