Summit Health
Part of VillageMD®

MRI PATIENT SCREENING QUESTIONNAIRE

Summit Health Policy: **ALL** Patients must fill out a safety form for **EVERY** MRI they receive.

Patient's Name_____ Date_____
Date of Birth _____/_____/_____ Age:_____ Weight:_____lbs Height:_____

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

Please describe your symptoms and/or the reason for your MRI exam today.

_____

_____

1. Have you had any prior surgery, operation, endoscopy, or colonoscopy of any kind? Yes No
   If yes, please indicate type of procedure and approximate date

_____

_____

2. Have you had prior diagnostic imaging (MRI,CT, X-RAY Ultrasound)? Yes No

_____

IF YOUR STUDY IS BEING ORDERED WITH CONTRAST

3. Do you have any history reaction to MRI contrast medium or dye? Yes No
4. Do you have any history of kidney failure? Yes No
5. Are you currently on dialysis? Yes No
6. Are you claustrophobic? Yes No
7. If yes, did you take a sedative today for your MRI? Yes No
8. It is a Summit Health Policy that if you take a sedative to have your MRI, you cannot drive yourself and must have someone to take you home. Please initial to acknowledge. _____ patient initial

FEMALE PATIENTS

1. Are you pregnant or think you may be pregnant? Yes No
2. Start date of last menstrual cycle_____

⚠WARNING⚠

Certain implants, devices, or objects, ***EVEN MRI SAFE*** devices may be hazardous to you or may interfere with the MR procedure (i.e., MRI, MR Angiography, MRI Breast Biopsy) **DO NOT ENTER** the MRI room or MRI environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist **BEFORE** entering the MRI room. The MRI system magnet is **ALWAYS ON**

Technologist Notes:_____

_____

TECH INITIALS

Have you filled out the back part of this safety form? *Yes No - if no, please do*

Form# 978

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AREA BLOCKED FOR
ATHENA BARCODE

⚠ IMPORTANT INSTRUCTIONS ⚠

Before entering the MR environment or MR system room, you must remove **ALL** metallic objects including hearing aids, glucose monitors, cardiac monitors, medical devices, keys, cellphone, jewelry, body piercing, watch, credit cards, pocket knives and clothing with metallic threads. Just like TSA, everything must be removed and locked up.

All of the following must be answered. Blanks will not be accepted.

Yes	No	Aneurysm clip(s) only
Yes	No	Cardiac pacemaker or defibrillator
Yes	No	Electronic implant or device
Yes	No	Neurostimulation system, spinal cord, bladder stimulator, sleep apnea device
Yes	No	Bone stimulator device
Yes	No	Cochlear, otologic or other ear implant
Yes	No	Insulin, infusion pump and/or glucose monitor. *These must be removed before MRI exam*
Yes	No	Any type of prosthesis (eye, penile, etc.)
Yes	No	Metallic filters or stents
Yes	No	Shunt
Yes	No	Transdermal (skin) Medication patch. *These can heat up during the MRI. Please notify tech.*
Yes	No	Any metallic fragment or foreign body
Yes	No	Any injury to the eye involving a metallic object and/or fragment
Yes	No	Breast tissue expander
Yes	No	Breast Implants. Please circle what type Silicone Saline
Yes	No	Surgical staples, clips, or metallic sutures If yes, where _____
Yes	No	Bone/ joint pin, screw, nail, wires, plate, etc. If yes, where_____
Yes	No	Joint replacement (hip, knee, etc)
Yes	No	IUD or diaphragm
Yes	No	Tattoo or permanent makeup
Yes	No	Body piercing and/or jewelry *please remove for MRI exam*
Yes	No	Any external or internal metallic object
Yes	No	Hearing aid. *Must be removed before MRI exam*
Yes	No	Any clothing labeled anti-microbial, anti-bacterial or anti-order
Yes	No	Other implants_____
Yes	No	Do you have documentation regarding any possible implant you might have.

SUMMIT HEALTH POLICY REQUIRES THAT ALL PATIENTS ARE CHANGED INTO MRI APPROVED GOWN, SCRUBS, ETC. WE APOLOGIZE FOR THE INCONVENIENCE BUT THESE ARE THE ACR GUIDELINES THAT WE ADHERE TO.

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.

Patient Signature_____ Parent Signature _____