

MRI SAFETY SCREENING

Subject ID: _____ **Subject date of birth:** _____

Allergies: _____ **Height (in/cm):** _____ **Weight (lbs/kgs):** _____

Any surgery in the last 8 weeks

If yes, what kind _____

Yes _____

No _____

*** CANNOT BE SCANNED

**REQUIRES DOCUMENTATION AND APPROVAL

*MORE INFORMATION NEEDED

Have you ever had any of the following surgeries /implants?

***Implanted neurological or spinal stimulator yes no don't know

***Pacemaker or pacemaker wires yes no don't know

***Implanted cardiac defibrillator or heart pump (LVAD) yes no don't know

**Aneurysm clip(s) or surgery yes no don't know

**Artificial heart valve or heart stent(s) yes no don't know

*Heart surgery yes no don't know

*Brain surgery yes no don't know

*Middle ear implant yes no don't know

*Cataract surgery/eye lens implant yes no don't know

*Any other implanted mechanical/electrical device or wires yes no don't know

*Other surgeries or implants? If yes, what kind _____

**Have you ever had a piece of metal flushed/removed from your eye? yes no

*Have you ever been a machinist, welder or metal worker? yes no

Do you have any of the following items in/on your body (circle them)?

blood clot filter**

metal tracheostomy***

wires/plates/screws/pins*

bullets/BBs/pellets***

infusion pump**

silver based ointment***

breast tissue expanders***

artificial hair/wig*

IUD/implanted contraceptive*

medication patch (Please remove prior to MRI)*

penile prosthesis**

shrapnel/metal fragments ***

bone growth stimulator***

dental implants/retainers*

small bowel endoscopy capsule***

hairpins/bobby pins*

shunt**

stents**

coils**

hearing aid*

braces***

surgical clips*

artificial limb or joint*

Do you have a tattoo, permanent make-up or body piercing? yes no

Can you stand without assistance? yes no

Are you claustrophobic? yes no

Are you mentally impaired? yes no

Do you have uncontrollable shaking? yes no

Are you currently using a Broviac, Swan-Ganz or other thermodilution catheter yes no

Are you wearing antimicrobial or other metallic fiber clothing?..... yes no don't know

Can you lie still on your back for 1 hour? yes no don't know

Are you pregnant? yes no not sure

Do you require vision correction?..... yes no not sure

*If yes, please wear contacts or bring your prescription information (if available)



IMPORTANT INSTRUCTIONS: THE MR SYSTEM MAGNET IS ALWAYS ON!!!
PLEASE REMOVE ALL BODY PIERCINGS/JEWELRY/HAIRPINS/BELTS AND
ANY OTHER METAL OBJECTS BEFORE ENTERING THE MR PROCEDURE ROOM.

Initial Here

Subject Signature: _____
(parent/guardian if under 18)

Date: _____

Technologist Signature: _____

Type of implants/surgeries/foreign body:

Approved By: _____

Signature/Date: _____