## MRI SAFETY & SCREENING FORM

**TECH FORM** 

YES NO Ear implants of any kindHearing aids (Internal or External) YES NO Electrical stimulator for Nerves or BonesCoil or filter of any type YES NO Orthopedic hardware of any kind [screws, pins, plates, or rods] YES NO Any implant of any kind? If so, what?		TECH FORIVI					
Have you had a previous MRI of any kind? YES NO	NAME:	M/FDOB/WEIGHT					
Have you had a previous MRI of any kind? YES NO		PLEASE ANSWER THE FOLLOWING OLIESTIONS CAREFULLY: Circle VES or NO					
Have you ever been a machinist, welder, or sheet metal worker?  Have you ever been hit in the face or eye with a piece of metal (BB, shavings, filings)?  YES NO  Ever had a piece of metal removed from your eye?  Have you ever had any type of surgical procedure (operation)?  YES NO  Have you ever had any type of surgical procedure (operation)?  YES NO  Have you ever had any type of surgical procedure (operation)?  YES NO  Have you ever had any type of surgical procedure (operation)?  YES NO  PACEMAKER OR DEFIBRILATOR  YES NO  Spinal Cord Stimulator or Neuro Stimulator of any kind [Tens Unit]  YES NO  Spinal Cord Stimulator or Neuro Stimulator of any kind [Tens Unit]  YES NO  ANEURYSM [Clip, Coil, or Stent] of any kind [Brain, Aorta, Carotid, Artery]  If so, where in the body?  YES NO  STENT in any part of the body? [Carotid Artery/Neck, Legs, or Arms]  YES NO  Ear implants of any kind  Hearing aids (Internal or External)  YES NO  Orthopedic hardware of any kind [screws, pins, plates, or rods]  Any implant of any kind? If so, what?  YES NO  Orthopedic hardware of any kind [screws, pins, plates, or rods]  Any implant of any type Penile Prosthesis  YES NO  Prosthesis of any type. If so, where  YES NO  Prosthesis of any type. If so, where  YES NO  Trug/ Insulin Pump Internal  External (can be removed)  Metal to any part of the body (including bullet, bb, shavings, fillings, & Shrapnel metals)  The following items may be damaged or pose a threat to anyone in the magnetic suite.  These items need to be removed prior to entering the magnet room.  **Dentures or Partials** Jewelry **Watch **Credit Cards **Safety pins **Bobby pins or hairpins **Wigs or hairpieces **Drug Patches**  **Dentures or Partials** Jewelry **Watch **Credit Cards **Safety pins **Bobby pins or hairpins **Wigs or hairpieces **Drug Patches**  **Dentures or Partials** Jewelry **Watch **Credit Cards **Safety pins **Bobby pins or hairpins **Wigs or hairpieces **Drug Patches**  **Drug Patches**  **Drug Patches**  **Drug Patches**		TEASE ANSWER THE TOLES WING GOESTIONS CAREFOLES. CITCLE TES OF NO					
Have you ever been hit in the face or eye with a piece of metal (BB, shavings, filings)?  Ever had a piece of metal removed from your eye?  Ever had a piece of metal removed from your eye?  Ever had a piece of metal removed from your eye?  Ever had a piece of metal removed from your eye?  Ever had any type of surgical procedure (operation)?  Ever had any type of the following items that may be in body:  Please circle any of the following items that may be in body:  Please circle any of the following items that may be in body:  Please circle any of the following items that may be in body:  Please circle any of the following items that may be in body:  Please circle any of the following items that may be in body:  Please circle any of the following items that may be in body:  Please circle any of the following items that may be in body:  Please circle any of the following items that may be in body:  Please circle any of the following items that may be in body:  Ever had of any type or hearing any type or hearing and surface and the provided in the please of the person of the body?  Ever had any type or hearing and surface and the provided in the please of the person of the body?  Ever had of the body:  Ever had from any type or hearing and surface and the provided in the provided in the provided in the please of the person of the provided in the please of the person of the provided in the please of the person of the	Have you ha	id a previous MRI of any kind? YES NO If yes, date/year ?					
Ever had a piece of metal removed from your eye?  Have you ever had any type of surgical procedure (operation)?  Please circle any of the following items that may be in body:  YES NO  PACEMAKER OR DEFIBRILATOR  Spinal Cord Stimulator or Neuro Stimulator of any kind [Tens Unit]  YES NO  Spinal Cord Stimulator or Neuro Stimulator of any kind [Tens Unit]  YES NO  ANEURYSM [Clip, Coil, or Stent] of any kind [Brain, Aorta, Carotid, Artery]  If so, where in the body?  YES NO  STENT in any part of the body? [Carotid Artery/Neck, Legs, or Arms]  YES NO  Ever implants of any kind	•						
Have you ever had any type of surgical procedure (operation)? YES NO  If Yes, what kind and when?  Please circle any of the following items that may be in body:  YES NO PACEMAKER OR DEFIBRILATOR  YES NO Spinal Cord Stimulator or Neuro Stimulator of any kind [Tens Unit]  YES NO Cardiac Stents [Heart] Patch of any type Artificial Heart Valve  YES NO ANEURYSM [Clip, Coil, or Stent] of any kind [Brain, Aorta, Carotid, Artery]  If so, where in the body?  YES NO STENT in any part of the body? [Carotid Artery/Neck, Legs, or Arms]  YES NO Ear implants of any kind Hearing aids (Internal or External)  YES NO Orthopedic hardware of any kind [screws, pins, plates, or rods]  YES NO Any implant of any kind? If so, what?  YES NO Any implant of any kind? If so, what?  YES NO Prosthesis of any type. If so, where  YES NO Drug/ Insulin Pump Internal External (can be removed)  YES NO Metal to any part of the body (including bullet, bb, shavings, fillings, & Shrapnel metals)  • The following items may be damaged or pose a threat to anyone in the magnetic suite.  These items need to be removed prior to entering the magnet room.  • Dentures or Partials • Jewelry • Watch • Credit Cards • Safety pins  • Bobby pins or hairpins • Wigs or hairpieces • Drug Patches  FOR FEMALE PATIENTS  Any chance of you being PREGNANT? YES NO Are you breast feeding? YES NO  I attest that the answers I have given on this form are true and correct to the best of my knowledge. Open MRI of SANPC is not responsible for any valuables or objects brought into this facility. I have read this form and understand its contents. I have been given the opportunity to ask questions and have had those questions answered to my satisfaction.  Patient Name [PRINT] Date  FOR OFFICE USE ONLY! PLEASE DO NOT FILL OUT BELOW THIS BOX.  PROCEDE WITH SCAN Initials:  Print name  Print name  Print name							
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Any implant of any kind? If so, what?	YES NO	Electrical stimulator for Nerves or BonesCoil or filter of any type					
Prosthesis of any typePenile Prosthesis   Prosthesis of any type. If so, where   Drug/ Insulin Pump	YES NO	Orthopedic hardware of any kind [screws, pins, plates, or rods]					
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Patient Name [PRINT]							
FOR OFFICE USE ONLY! PLEASE DO NOT FILL OUT BELOW THIS BOX.  PROCEDE WITH SCAN Initials: DO NOT PROCEDE WITH SCAN  Technologist Signature Print name	questions ar	nswered to my satisfaction.					
FOR OFFICE USE ONLY! PLEASE DO NOT FILL OUT BELOW THIS BOX.  PROCEDE WITH SCAN Initials: DO NOT PROCEDE WITH SCAN  Technologist Signature Print name							
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Technologist SignaturePrint name							
	PI	ROCEDE WITH SCAN Initials: DO NOT PROCEDE WITH SCAN					
Nurse Signature ONLY Print Name	Technologis	t SignaturePrint name					
	Nurse Signa	ture ONLY Print Name					

## Pre-Screening Form Appointments for MRI Scans

Patient Name:l	Date:		<del> </del>
<ul> <li>Pacemaker / Defibrilator</li> </ul>		YES	NO
Heart Surgery / STENT		YES	NO
Brain Surgery / Aneurysm Surgery		YES	NO
Stents - ANY		YES	NO
Hearing Implant / Ear Surgery		YES	NO
Metal Implants		YES	NO
Stimulator Implants		YES	NO
Eye Surgery / Implant		YES	NO
<ul> <li>Metal to eyes (Any experience of metal grind</li> </ul>	ding)	YES	NO
<ul> <li>Metal to any part of body (bullet, BB, shavings)</li> </ul>	s, filings)	YES	NO
<ul> <li>Claustrophobic</li> </ul>		YES	NO
<ul><li>Pregnant</li></ul>		YES	NO
<ul><li>Currently taking any blood thinners</li><li>(i.e. Plavix, aspirin, coumadin, etc)</li></ul>		YES	NO
<ul> <li>If none of the above, please initial stating answered with NO.</li> </ul>	g all que	estions	above
Patient signaturePri	int		
FOR OFFICE USE ONLY! PLEASE DO NOT FI	LL OUT I	BELOW	THIS B
SANPC NURSE signatureI	Print		
PROCEDE WITH SCHEDULING DO NO	OT PROCE	DE WITH S	SCHEDULIN
Initials:			Rev. 0