

The MR system has a very strong magnetic field that may be hazardous to individuals entering the MR environment if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. Therefore, all individuals are required to fill out this form BEFORE entering the MR environment. **Be advised, the MRI magnet is ALWAYS on.**

AREA TO BE EXAMINED: \_\_\_\_\_ Magnet: \_\_\_\_\_ 1.5T \_\_\_\_\_ 3.0 T  
 SYMPTOMS/DIAGNOSIS: \_\_\_\_\_ eGFR \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE INDICATE IF YOU HAVE ANY OF THE FOLLOWING:**

- Yes  No Cardiac pacemaker or ICD (Implanted Cardiac Defibrillator) PATIENT'S WEIGHT \_\_\_\_\_ (lbs)  
 Yes  No Aneurysm clip(s): When \_\_\_\_\_ PATIENT'S HEIGHT \_\_\_\_\_ (ft) \_\_\_\_\_ (in)  
 Yes  No Neuro/bone stimulation device (for pain)



**STOP HERE** if you answered YES to any of the above questions and speak to an MRI staff member.

- |   |   |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No MRI Contrast Allergies/Reactions<br><input type="checkbox"/> Yes <input type="checkbox"/> No Diabetic<br><input type="checkbox"/> Yes <input type="checkbox"/> No History of renal/kidney disease<br><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you on dialysis<br><input type="checkbox"/> Yes <input type="checkbox"/> No History of kidney or liver transplant<br><input type="checkbox"/> Yes <input type="checkbox"/> No Implanted electronic or magnetic devices/wires/electrodes<br><input type="checkbox"/> Yes <input type="checkbox"/> No Cochlear, Stapes or other ear implant<br><input type="checkbox"/> Yes <input type="checkbox"/> No Any metallic fragment or foreign body<br><input type="checkbox"/> Yes <input type="checkbox"/> No Implanted mechanical devices (joint replacement, bone/joint pin, screw, wire, plate)<br><input type="checkbox"/> Yes <input type="checkbox"/> No Any type of prosthesis (eye, penile, limb, heart valve, etc.)<br><input type="checkbox"/> Yes <input type="checkbox"/> No Tissue expander (e.g., breast)<br><input type="checkbox"/> Yes <input type="checkbox"/> No Shunt (spinal or intraventricular)<br><input type="checkbox"/> Yes <input type="checkbox"/> No Metallic stent, filter, coil<br><input type="checkbox"/> Yes <input type="checkbox"/> No Vascular access port and/or catheter<br><input type="checkbox"/> Yes <input type="checkbox"/> No Swan-Ganz or thermodilution catheter<br><input type="checkbox"/> Yes <input type="checkbox"/> No Welder/grinder or metal in eye | <input type="checkbox"/> Yes <input type="checkbox"/> No History of Seizures<br><input type="checkbox"/> Yes <input type="checkbox"/> No Claustrophobia,<br>If yes, is sedation required? _____<br><input type="checkbox"/> Yes <input type="checkbox"/> No Patient History of cancer<br><input type="checkbox"/> Yes <input type="checkbox"/> No Are you or may you be pregnant or breast feeding?<br><input type="checkbox"/> Yes <input type="checkbox"/> No IUD<br><input type="checkbox"/> Yes <input type="checkbox"/> No Body piercing, tattoo, or permanent makeup<br><input type="checkbox"/> Yes <input type="checkbox"/> No Weighted feeding tube<br><input type="checkbox"/> Yes <input type="checkbox"/> No GI Clips (hemostatic, endoscopic clips)<br><input type="checkbox"/> Yes <input type="checkbox"/> No Hearing aid ( <i>Remove before entering MR environment</i> )<br><input type="checkbox"/> Yes <input type="checkbox"/> No Dentures or partial plates<br><input type="checkbox"/> Yes <input type="checkbox"/> No Transdermal patch (medication patches)<br><input type="checkbox"/> Yes <input type="checkbox"/> NA Silver wound dressings removed<br><br>Injury /Type and Date _____<br>Surgery on Area to be Scanned <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____<br>Previous MRIs _____ |
|---|---|

**If you have any questions, please Speak Up**

The MRI examination you are scheduled for may require the injection of contrast material called gadolinium, which helps to define normal and abnormal structures in the body. Gadolinium is a safe and frequently used drug. During injection you may experience an unusual taste. When contrast is used, the incidence of severe allergic reactions is low, less than 1%. In patients with moderate to end-stage renal disease, gadolinium has been linked to (NSF/NFD) *Nephrogenic systemic fibrosis / nephrogenic fibrosing dermopathy*. In these instances, special protocols will be used.

*I consent to having this procedure. I have understood and accurately answered all of the above questions.*

\_\_\_\_\_  
 Patient / Responsible Person Signature \_\_\_\_\_  
 Date \_\_\_\_\_

\_\_\_\_\_  
 Technologist Signature

**MRI Screening Form**

