Premier MRI Screening/History Form

Appt Date_____Appt Time_____

Name		DOB ___/_____/_____	Acct. #
MRI Exam		Contrast ☐Yes ☐No	
Ordering Dr.		Height	Weight

MRI (Magnetic Resonance Imaging) uses a powerful magnetic field to produce images of the human body. Any metallic object on or within your body could be affected by the magnetic field. Therefore, it is necessary for patients to complete this form before entering the MRI. Be advised, THE MRI SYSTEM IS ALWAYS ON.

WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MRI procedure. DO NOT ENTER the MRI scanning room if you have any questions or concerns regarding an implant, device, or object. In some instances you may be asked to provide information regarding your implant/device before the scan can proceed. Remove all metallic objects before entering the scanner (hair pins, piercings, jewelry, pins, watches, etc. Leave your cell phone, wallet, or other personal belongings in the locker or with a companion.

Please check *Yes* or *No* when answering the following questions:

Pacemaker or retained wires/leads*	☐Yes ☐No	Claustrophobia	☐Yes ☐No
Implanted defibrillator (ICD)*	☐Yes ☐No	Hearing aids	☐Yes ☐No
Electronic implant/device*	☐Yes ☐No	Brain or spinal shunt	☐Yes ☐No
Neurostimulator/Defibrillator*	☐Yes ☐No	Carotid clips	☐Yes ☐No
Infusion pump/Insulin pump*	☐Yes ☐No	Aneurysm clips	☐Yes ☐No
Any magnetic implant*	☐Yes ☐No	Other Vascular Clips	☐Yes ☐No
Cochlear or ear implant*	☐Yes ☐No	Surgical clips	☐Yes ☐No
Artificial heart valves	☐Yes ☐No	Body Piercings	☐Yes ☐No
Heart Stents	☐Yes ☐No	Permanent makeup	☐Yes ☐No
Joint replacement or artificial limb	☐Yes ☐No	Tattoos	☐Yes ☐No
Abdominal aneurysm surgery/graft	☐Yes ☐No	Dentures/Partials	☐Yes ☐No
Metal plates, pins, rods, screws	☐Yes ☐No	Dental Implants or Braces	☐Yes ☐No
Intracranial/vascular coils	☐Yes ☐No		
Other device	☐Yes ☐No	If yes, describe: _____	
Allergies	☐Yes ☐No	If yes, describe: _____	

If you marked "Yes" for any implant, heart valve, heart stent, etc, what is the make/model? _____
Coils and Stents are typically MRI compatible. If they are recent you may need to wait 6-8 weeks after placement for an MRI.

Have you ever had a surgical procedure (operation) of any kind? ☐Yes ☐No
If yes, please list all operations and approximate dates.

_____

_____

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Have you ever experienced any problem related to a previous MRI procedure? ☐Yes ☐No
(this includes MRI contrast reactions)
If yes, please describe:_____

Have you experienced an injury to your eye(s) involving a metallic object? ☐Yes ☐No
(metallic slivers, shavings, foreign body, etc. May require x-ray)
Please describe:_____

Have you been injured by a metallic object? ☐Yes ☐No
(BB, bullet, shrapnel, etc. May require x-ray)
Please describe: _____

Do you have a history of kidney disease? (BUN and Creatinine labs required) ☐Yes ☐No

Are you diabetic? ☐Yes ☐No

Any history of Sickle Cell Anemia? ☐Yes ☐No

Any history of cancer? ☐Yes ☐No

If yes, type of cancer: _____ Date _____

For Female Patients:
Date of your last menstrual period: _____/_____/_____ Post menopausal? ☐Yes
Are you pregnant? (requires clearance from OBGyn) ☐Yes ☐No
Are you currently breastfeeding? (requires clearance from OBGyn) ☐Yes ☐No
Do you have an IUD or Diaphragm? If yes, what kind? _____ ☐Yes ☐No
(may need to see doctor after MRI to check device positioning).

IF YOU HAVE QUESTIONS OR CONCERNS REGARDING YOUR PROCEDURE PLEASE ASK THE TECHNOLOGIST.

I (the undersigned) have answered the above questions accurately. I understand that all metallic objects including jewelry, credit cards, eyeglasses, pins, watches, phones, pagers, dentures, hair pins, etc. must be removed before entering the scanning room. MRI personnel WILL NOT take possession of personal items. A secured location will be provided or items may be given to someone accompanying the patient.

Signature of Patient or Guardian _____ Date _____

Signature of Premier Patient Rep (indicates review of document) _____
Any area marked "Yes" needs to be pointed out to the technologist

Signature of MRI Technologist (indicates review of document) _____
Any area marked "Yes" has been reviewed. Patients will not be scanned if "Yes" has been checked for an item marked with "*".