



Appt Date _____ Appt Time _____
 Date Appt Made _____ Appt Scheduler _____
 Date reviewed by Tech _____ MRI Tech _____

MRI Pre-Screening/History Form

Name	Age	Account #	
MRI Exam		With contrast?	Yes No
Ordering Dr.	Height	Weight	

Please Check No or Yes; complete Appropriate Answer where indicated

	No	Yes	If 'yes':		No	Yes
Pacemaker ¹			Cannot schedule MRI	Diabetes		
Claustrophobic ⁴			May not be able to schedule MRI	Irregular heart beat		
History of kidney disease or dialysis			Must have BUN and Creatinine lab tests done first <u>IF 'contrast' ordered</u>	Epilepsy or Seizures not under controlled		
Pregnant or Nursing			Cannot schedule without written clearance from OB doctor	Ever worked around metal (may need x-ray)		
Is pregnancy a possibility			Need written clearance from OB Dr.	TB / communicable disease		

	No	Yes	Date	Area/Location	Implant Make	Implant Model #
Aneurysm Clips						
Metal Surgical Clips						
Stent ⁵						
Shunt ⁵						
Coiling ⁵						

	No	Yes	Date	Area/Location		No	Yes
Inner Ear Implant					Sickle Cell Anemia		
Metal Implants-Joint Pins					Metal Removed from Eye		
Tattoo or Tattoo Eyeliner					IUD (Intra Uterine Device) ²		
Have you had cancer					Orthopedic devices		
Previous MRI ³					Artificial heart valve		
Previous surgery in this area ³					Removable dental work		
TENS Unit /Stimulator ² / Pump ² (for medication)					Dental Implants (posts, magnets, braces)		
Anything you were not born with and not listed above? (bullets, Shrapnel)			<u>Please explain:</u>				
<u>Comments/Special Needs</u> (ie ambulation, language, vision issues)							

Breast MRIs: Patient MUST bring most recent Mammogram AND ultrasound CDs (no films) or written Reports (Can be the most recent 2 mammograms or 2 ultrasounds if only one type done.)

¹ If has pacemaker, MRI **cannot** be done
² You will need to see your doctor after the MRI to have the device checked.
³ If you had previous MRI or x-rays of the same area, please bring most recent CD with you to the appointment
⁴ Please contact the ordering physician for medication. If medication is prescribed, please notify the MRI Tech.
⁵ Coils in the brain are MRI compatible but some coils and stents may need to wait 6-8 weeks before an MRI is done.

Patient Review & Signature _____ Date _____
 or
 Signature of patient's representative _____ Date _____
 Relationship: Parent (minor under 18 years) Court appointed Guardian