



Magnetic Resonance Imaging (MRI) History and Screening Form

Patient Name: _____ **DOB:** _____ **Age:** _____

Sex (Circle One): M F **Height:** _____ **Weight:** _____ **Pt. Number:** _____

Explain your medical problem in your own words (attach additional pages if necessary):

Do you have, or have you ever had, any of the following?

- Yes No **Cardiac Pacemaker:** _____
- Yes No **Heart Surgery/Heart Valve: If Yes, explain:** _____
- Yes No **Implanted Cardiac Defibrillator (ICD):** _____
- Yes No **Brain Aneurysm Clips/ Brain Surgery: If Yes, explain:** _____
- Yes No **Shunts/Stents/Filters/Intravascular Coil:** _____
- Yes No **Eye and/or Ear Surgery/Implants:** _____
- Yes No **Injury to the Eye Involving Metal or Metal Shavings:** _____
- Yes No **Orthopedic Pins/Screws/Rods/Joints/Prosthesis:** _____
- Yes No **Neurostimulator/Biostimulator:** _____
- Yes No **Previous Back Surgery (Lumbar/Thoracic/Cervical): When:** _____ **Levels:** _____
- Yes No **Metal Mesh Implants/Wire Sutures/Wire Staples or Clips/Internal Electrodes:** _____
- Yes No **Electrical/Mechanical/Magnetic Implants? Type:** _____
- Yes No **Implanted Drug Infusion Pump/Insulin Pump:** _____
- Yes No **Are You Pregnant?** _____
- Yes No **Body Piercing:** _____
- Yes No **Medication Patches:** _____
- Yes No **Dentures/Partials/Dental Implants:** _____
- Yes No **Gunshot Wounds/Shrapnel/BB:** _____
- Yes No **Do you have Hearing Aids:** _____

List Previous Surgeries (attach additional pages if necessary):

Have you ever had an MRI on THIS BODY PART?

If so, when: _____ **Where:** _____

I attest that the above information is correct to the best of my knowledge. I have also informed the technologist that I am not pregnant at this time. I have had the opportunity to ask questions related to this form, to ask questions regarding the MRI procedure, and I understand the information presented to me.

Patient/Parent/Legal Guardian

MRI Technologist's Signature

Date