

MRI SCREENING FORM

Name: _____ Height _____ Weight _____

Symptoms: _____

Onset of symptoms: _____

Injury? Yes No if yes, Describe what happened in detail: _____

Date of injury: _____

Have you had previous surgeries to area of interest? Yes No if yes, what kind? _____

When? _____ Doctor's Name _____

Have you had previous surgeries? Yes No if yes, please list: _____

** DO YOU HAVE OR EVER HAD **

- | | | | | | |
|---|-----|----|--|-----|----|
| 1 Cardiac Pacemaker | YES | NO | 17 Seizures | YES | NO |
| 2 Brain Aneurysm Surgery | YES | NO | 18 Diabetes | YES | NO |
| 3 Spinal Surgery | YES | NO | 19 Kidney Failure/Dialysis | YES | NO |
| 4 Screws/Pins/Plates/Wires/Cages | YES | NO | 20 Diagnosed with cancer | YES | NO |
| 5 Neurostimulator, Spinal Cord Stimulator, Bone Fusion Stimulator | YES | NO | 21 Currently receiving Chemo or Radiation Treatments | YES | NO |
| 6 Insulin/Pain Pump | YES | NO | 22 Ever had MRI contrast | YES | NO |
| 7 Artery/Vein Surgery (Stent/Filter/Coil) | YES | NO | 23 Bullets, BB's, shrapnel | YES | NO |
| 8 Artificial Join/Limb | YES | NO | 24 Any metal in body not listed | YES | NO |
| 9 Eye Surgery | YES | NO | | | |
| 10 Inner Ear Surgery | YES | NO | | | |
| 11 Denture/Partial/Braces | YES | NO | 25 Claustrophobic | YES | NO |
| 12 Hearing Aids | YES | NO | 26 Any MRI/CT scan related to current symptoms | YES | NO |
| 13 Tattoo/Tattooed Make-Up | YES | NO | | | |
| 14 Body Piercing | YES | NO | When | | |
| 15 Medicine Patches | YES | NO | When | | |
| 16 Breast Tissue Expander/Penile Implant | YES | NO | | | |

I give consent for IV contrast administration if needed Yes No

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.

PATIENT SIGNATURE: _____ DATE _____

Certain implants, devices or objects may be hazardous to you and/or may interfere with the MRI procedure. Do not enter the MR system room if you have any question or concern regarding an implant, device or object. Consult the MRI technologist BEFORE entering the MR system room. **The MR system magnet is ALWAYS on.** Before entering the MR system room, you must remove all metallic objects, including hearing aids, keys, cell phone, hair pins, barrettes, jewelry, money clip, credit cards, bank cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners & clothing with metallic threads. You will be required to wear earplugs or other hearing protection during the MR procedure to prevent possible problems or hazards related to acoustic noise. A MRI educational brochure will be provided upon request.

TECHNOLOGIST SIGNATURE: _____

Creatinine: _____ GFR _____ Contrast Amount Given _____

**GFR IS LESS THAN 30 – NO CONTRAST

**GFR 30–40 – SPEAK WITH RADIOLOGIST

**GFR GREATER THAN 40 – WEIGHT BASED DOSE

SPOKE WITH DR. _____

BAYLOR SCOTT & WHITE MEDICAL CENTER – FRISCO
MRI Screening Form



MRISCREENFORM

(07/25/17)