

# MRI Screening Questionnaire/Consent

Patient Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

This questionnaire is designed to assist us in determining if it is safe for you to undergo a magnetic resonance imaging procedure. It is important that you answer all of the following questions. **If you don't understand any question, please ask for assistance.**

What was the main health complaint that caused your physician to order your scan? \_\_\_\_\_

1. Do you have a pacemaker, wires, defibrillator or implanted heart valves? Yes  No  Don't Know
2. Have you ever had any head surgery requiring aneurysm clips? Yes  No  Don't Know
3. Have you ever had any type of surgery? Yes  No  Don't Know
4. Have you ever had a reaction to a contrast agent used for MRI, CT or X-ray? Yes  No  Don't Know
5. Do you have any surgically implanted metal of any type in your body? Yes  No  Don't Know
6. Have you ever been exposed to metal fragments that could be lodged in your eyes or body? Yes  No  Don't Know
7. Do you have a hearing aid, middle/inner ear prosthesis, dentures or bridges? Yes  No  Don't Know
8. Do you have any metal pin, joint, prosthesis or metallic object in, or attached to your body? Yes  No  Don't Know
9. Do you have any type of electronic device (stimulator or pump) implanted in your body? Yes  No  Don't Know
10. Do you have or have you ever had tattoos, permanent eyeliner or lipliner, or body piercing? Yes  No  Don't Know
11. Do you have a history of panic attacks or a fear of enclosed or narrow spaces? Yes  No  Don't Know
12. Do you have a history of drug or food allergies? Yes  No  Don't Know
13. Do you have a history of renal (kidney) disease, seizure, asthma, or emphysema? Yes  No  Don't Know
14. Are you pregnant, or is it possible that you may be pregnant? Yes  No  Don't Know
15. Are you breastfeeding? Yes  No  Don't Know
16. Is there any other item or device you believe we should know about prior to performing the MRI - if yes please describe:  
\_\_\_\_\_

I have informed the MRI Technologist and /or interviewer of my surgical history (i.e. pacemaker, prosthesis, aneurysm clips, electrical devices or implants) before the MRI procedure takes place.

I understand that before entering the MR system room, I must remove all metallic objects including, but not limited to hearing aids, dentures, keys, cell phone, eyeglasses, hair pins, jewelry, body piercing jewelry, watch, safety pins, money clips, credit cards/bank cards, coins, pens, pocket knife, tools, clothing with metal fasteners, & clothing with metal threading.

I am aware that if I have any questions and/or concerns that I must consult the MRI Technologist BEFORE I enter the MR system room. I believe that I have adequate knowledge on which to base an informed consent for the MRI scan procedure. I understand that I have the right to revoke this consent in whole or part prior to commencement of the procedure.

I have read this form in its entirety and fully understand it.

\_\_\_\_\_  
Patient (if patient is a minor- parent/legal guardian must sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness/Interpreter Signature/PS Employee

\_\_\_\_\_  
Date