

SAFETY SCREENING FORM FOR MAGNETIC RESONANCE (MR) PROCEDURES

Date _____
 Name (first middle last) _____
 Female Male Age _____ Date of Birth _____
 Height _____ Weight _____
 Marital Status Married Unmarried
 Why are you having this examination (medical problem)?

YES /NO

Have you ever had an MRI examination before and had a problem? _____
 If yes, please describe _____
 Have you ever had a surgical operation or procedure of any kind? _____
 If yes, list all prior surgeries and approximate dates:

Have you ever been injured by a metal object or foreign body (e.g. bullet, shrapnel etc)?

 If yes, please describe _____

Have you ever had an injury from a metal object in your eye (metal slivers, metal shavings, other metal object)?

if yes, did you seek medical attention? _____ if yes, describe what was found _____

Do you have a history of kidney diseases, asthma, or other allergic respiratory disease?

Do you have any drug allergies?

If yes, please list drugs _____

Have you ever had an X-Ray dye or magnetic resonance imaging (MRI) contrast agent allergic reaction?

If yes, please describe _____

Are you pregnant or suspect you may be pregnant?

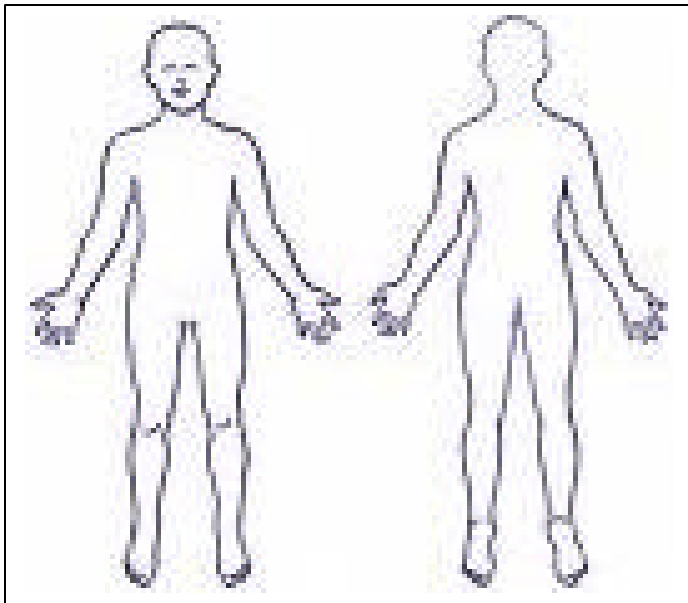
Are you breast-feeding?

Date of last menstrual period _____ Post-menopausal?

MR Hazard Checklist

Please mark on the drawing indicating the location of any metal inside your body or site of surgical operation.

The following items may be harmful to you during your MR scan or may interfere with the MR examination. You must provide a "yes" or "no" for every item. Please indicate if you have or have had any of the following:



YES NO

_____ Any type of electronic, mechanical or magnetic implant.

Type _____

- _____ Cardiac pacemaker
- _____ Aneurysm clip
- _____ Implantable cardiac defibrillator
- _____ Neurostimulator
- _____ Biostimulator

Type _____

- _____ Any type of internal electrodes or wires
- _____ Cochlear implant
- _____ Hearing aid
- _____ Implanted drug pump (e.g., insulin baclofen, chemotherapy, pain medicine)
- _____ Halo vest
- _____ Spinal fixation device
- _____ Spinal fusion procedure
- _____ Any type of coil, filter, or stent

Type _____

- _____ Any type of metal object (e.g., shrapnel, bullet, BB)
- _____ Artificial heart valve
- _____ Any type of ear implant
- _____ Penile implant
- _____ Artificial eye
- _____ Eyelid spring

Safe MR Practices

_____ Any type of implant held in place by a magnet.
 Type _____

_____ Any type of surgical clips or staple
 _____ Intavenous access port (e.g., Broviac, Port-a-Cath, Hickman, PICC line)
 _____ Medication patch (e.g., nitroglycerine, nicotine)
 _____ Shunt
 _____ Artificial limb or joint
 What and where _____

_____ Tissue expander (e.g., breast)
 _____ Removable dentures, false teeth, or partial plate
 Type _____

_____ Diaphragm, IUD, pessary
 Type _____

_____ Surgical mesh
 Location _____

_____ Body piercing
 Location _____

_____ Wig, hair implants
 _____ Tattoos or tattooed eyeliner
 _____ Radiation seeds (e.g., cancer treatment)
 _____ Any implanted items (e.g., pins, rods, screws, nails, plates, wires)
 _____ Any hair accessories (e.g., bobby pins, barrettes, clips)
 _____ Jewelry
 _____ Any other type of implanted item
 Type _____

Instructions for the Patient

1. You are urged to use the earplugs or headphones that we supply for use during your MRI examination since some patients may find the noise level unacceptable, and the noise levels may affect your hearing.
2. Remove all jewelry (e.g. necklaces, pins, rings).
3. Remove all hairpins, bobby pins, barrettes, clips etc.
4. Remove all dentures, false teeth, partial dental plates
5. Remove hearing aids.
6. Remove eyeglasses.
7. Remove your watch, pager, cell phone, credit and bankcards, and all other cards with a magnetic strip.
8. Remove body-piercing objects.

9. Use gown, if provided, or remove all clothing with metal fasteners, zippers etc.

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form, and I have had the opportunity to ask questions regarding the information on this form.

Names & signatures:

Subject: _____
 MRI Operator: _____
 MRI faculty incharge: _____
 Requisitioning investigator _____

For MRI Office Use Only

Subject Name _____
 Subject ID Number _____
 Principal Investigator _____

Procedure _____
 Diagnosis _____
 Clinical History _____

Hazard Checklist for MRI Personnel

YES /NO

_____ Endotracheal tube
 _____ Swan-ganz catheter
 _____ Extraventricular device
 _____ Arterial line transducer

YES /NO

_____ Foley catheter with temperature sensor and/or metal clamp
 _____ Rectal probe
 _____ Esophageal probe
 _____ Tracheotomy tube
 _____ Guidewires