



MRI SCREENING QUESTIONNAIRE

NAME _____ SEX _____ AGE _____

REFERRING PHYSICIAN _____ DOB _____ WEIGHT _____ HEIGHT _____

PLEASE INDICATE IF YOU HAVE ANY OF THE FOLLOWING:

CARDIAC PACEMAKER	YES	NO	BREAST TISSUE EXPANDER	YES	NO
PACING WIRES	YES	NO	MEDICATION PATCHES	YES	NO
DEFIBRILLATOR	YES	NO	TATTOOED EYELINER	YES	NO
HEART VALVES	YES	NO	PESSARY (women only)	YES	NO
NEUROSTIMULATOR	YES	NO	PENILE PROSTHESIS	YES	NO
ANEURYSM CLIPS	YES	NO	ORBITS/EYE PROSTHESIS	YES	NO
INSULIN PUMP	YES	NO	INTRAVENTRICULAR SHUNT	YES	NO
HEARING AID	YES	NO	ARTIFICIAL LIMB/JOINT	YES	NO
EAR IMPLANTS/SURGERY	YES	NO	ORTHOPEDIC ITEMS	YES	NO
DENTURES	YES	NO	(pins,screws,rods,clips,plates,wires)		

ADDITIONAL INFORMATION: FEMALE PATIENTS, ANY CHANCE OF PREGNANCY? YES NO

HAVE YOU EVER WORKED WITH METAL OR HAD AN INJURY TO YOUR EYES WITH METAL YES NO

ARE YOU A WELDER, MACHINIST OR DO YOU WELD OR GRIND METAL? YES NO

DO YOU HAVE ANY MECHANICAL, SHRAPNEL OR OTHER METALLIC FOREIGN OBJECTS IMPLANTED? YES NO

DO YOU HAVE ANY STENTS OR FILTERS IMPLANTED? IF YES, WHAT TYPE? _____ YES NO

DO YOU HAVE A HISTORY OF KIDNEY DISEASE OR FAILURE? YES NO

DO YOU HAVE A HISTORY OF LIVER FAILURE? YES NO

ARE YOU ON DIALYSIS? YES NO

DO YOU HAVE A HISTORY OF CANCER? IF YES, WHAT TYPE? _____ YES NO

HAVE YOU HAD RADIATION OR CHEMOTHERAPY TREATMENT? YES NO

WHAT AREA OF THE BODY IS BEING SCANNED? _____

WHY ARE YOU HAVING AN MRI TODAY? (SYMPTOMS) _____

PAIN ASSESSMENT: Check the level of pain that applies



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 I ACKNOWLEDGE THAT I HAVE BEEN OFFERED A WRITTEN COPY OF THE "RIGHTS OF EACH PATIENT" ADOPTED BY THE NEW JERSEY DEPARTMENT OF HEALTH FOR AMBULATORY CARE FACILITIES AND A WRITTEN OR VERBAL EXPLANATION OF THESE RIGHTS. I FURTHER ACKNOWLEDGE THAT I UNDERSTAND THE EXPLANATION GIVEN TO ME ABOUT MY RIGHTS.

SIGNATURE: _____ DATE: _____

(Parent/guardian signature if patient is a minor)