Center for Sports Medicine & Orthopaedics
MAGNETIC RESONANCE (MRI) PATIENT SCREENING FORM

Patient Name:___________________________Age:_____ Date of Birth:__________Today's Date:___________

Home Address: ____

Gender:___________________Height:____________________Weight:_________________________________

Referring Physician: ____

Area of Body to Be Examined:______________________________Reason for MRI: _________________________

____

All questions on the screening form should be answered completely to avoid confusion or misunderstanding as to the metal medical history and metal exposure history of the patient. The completed screening form should be reviewed with the patient (or patient's representative) by two separated MRI personnel to verify completeness and accuracy.

1. Have you ever had a prior surgical procedure of any kind? __ Yes __No

If yes, please indicate the date (approximate if unknown) and type of surgery:

Date__________________________ Type of Surgery____

Date__________________________ Type of Surgery____

Date__________________________ Type of Surgery____

2. Have you ever experienced any problem related to a previous MRI procedure? __ Yes __No

If yes, please explain:____

3. Are you claustrophobic? __ Yes __No

If yes, did you take anything for sedation? __ Yes __No Do you have a driver? __ Yes __No

4. Have you ever been a welder, grinder, or sheet metal worker? __ Yes __No

If yes, please explain:____

5. Have you had an eye injury involving a metallic object or fragment (e.g., metallic slivers, shavings)? __ Yes __No

6. Do you have safety pins in your clothes? __Yes __No

7. Have you taken a pill cam recently? __Yes __ No

If yes, did you confirm through visualization that the object was eliminated from your body? __Yes __No

FEMALES ONLY:

1. Are you or could you be pregnant? __ Yes __ No

Date of last menstrual period. ____________________________

2. Are you taking fertility medication or treatments? __ Yes __ No

3. Are you breastfeeding? __ Yes __ No

4. Do you have an IUD / birth control implant? __Yes __ No

Patient Name:____**Acct.:**______________**Date:** ______________

CAUTION	Magnetic resonance imaging (MRI) systems use strong magnetic fields and radio-frequency energy for imaging soft tissue in the body. Certain implants, devices, or objects may pose a hazard to individuals in close proximity to the magnet of the MRI system and/or may interfere with the MRI procedure.

Please indicate if you currently have or ever had any of the following:

Aneurysm clips(s) __ Yes __No

Cardiac pacemaker __ Yes __No

Implanted cardioverter defibrillator (ICD) __Yes _No

Electronic implant or device __ Yes _No

Magnetically activated implant or device __Yes _No

Neurostimulator __Yes _No

Spinal cord stimulator __Yes _No

Bone growth/bone fusion stimulator __Yes _No

Internal electrodes or wires __Yes _No

Cochlear, otologic, or other ear implant (including hearing aid) _Yes __No

Insulin or other infusion pump __Yes __ No

Implanted drug infusion device __ Yes __ No

Any type of prosthesis (e.g., eye, penile) __ Yes __ No

Heart valve prosthesis __ Yes __ No

Blood clot filter __ Yes __No

Eyelid spring or wire; eye surgery __ Yes __No

Artificial or prosthetic limb __Yes __ No

Metallic stent, filter, or coil __ Yes __No

Shunt (spinal or intraventricular) __ Yes __ No

Vascular access port and/or catheter (e.g., Broviac, Port-A-Cath, Hickman) _ Yes __No

Aortic aneurysm Surgery __Yes__No_

Radiation seeds/implants/radiation/chemo __Yes__No

Swan-Ganz or thermodilution catheter __Yes __No

Medical patch (transdermal) (e.g., Nicotine, Nitroglycerine) __Yes __No

Any metallic fragment or foreign body __Yes __No Wire

mesh implant __Yes__No

Tissue expander (e.g., breast) __Yes __No

Surgical staples, clips, or metallic sutures __Yes __No

Joint replacement (hip, knee, etc.) _Yes __No

Bone/joint pin, screw, nail, wire, plate, etc. _Yes ___No

Braces, dentures, or partial plates __ Yes __No

Tattoo or permanent makeup __ Yes __No

Body piercing jewelry __ Yes __No

Wig or hair implants or hair extensions __ Yes __No

Hair accessories (e.g., hairpins) __ Yes __No

Other implant __ Yes __No

Breathing problem or motion disorder __ Yes __No

Claustrophobia __ Yes __No

CABG/Heart bypass surgery __ Yes __No

Brain surgery/Brain aneurysm or clips __ Yes __No

History of cancer or tumors __ Yes __No

Previous spine (neck/back) surgery __Yes __No

Patient Name:____**Acct.:**_____________**Date:** _____________

I have answered these questions to the best of my knowledge and understand the information presented to me. I attest that the information is accurate to the best of my knowledge. I have read and understand the entire contents of this form and have been given an opportunity to ask questions regarding this information and the MRI procedure. Additionally, I have been given the CSMO MRI Patient Instructions.

I have elected to

________ proceed with the MRI

________ decline to proceed with the MRI.

____ _________________________

Patient/Parent/Legal Guardian **Date**

I have reviewed the above patient information and have determined it is

safe__________ **not advised** __________

for patient to proceed with MRI scan at the present time. Refer to MRI Patient History and Screening Form.

____ _________________________

Technologist's Signature **Date**

For Contrast:

GFR ______________________ Date _____________________

Prohance/Lot # _________________ Exp: _____________Time: ________Site: _____ Dosage ______

____ _____________________

Technologist's signature Date

____

Center for Sports Medicine and Orthopaedics

MRI Patient Instructions

Please use the supplied hearing protection (e.g., earplugs, headphones) during the MRI scan because the MRI scanner produces significant acoustic (loud) noise that may affect your hearing or that you may find uncomfortable.

Please remove all metallic objects before entering the MRI scan room, including the following:

> **Jewelry (e.g., earrings, rings, body piercings), hairpins, hair clips, dentures, false teeth, partial dental plates, hearing aids, eyeglasses, watch, pager, cell phone, keys, safety pins, paper clips, money clip, any magnetic strip cards (e.g., bank, credit), coins, pens, pocketknife, nail clipper, tools, and clothing with metal fasteners or containing metal thread.**

It may be necessary for you to remain still for up to 20 minutes while lying on your back during the MRI procedure. If you do not believe you can remain still for that long, please discuss this with the MRI technologist before entering the MRI scan room.

Discuss any questions or concerns that you may have or if you are unsure if an item should be removed with the MRI Technologist.