

MRI EXAM QUESTIONNAIRE

TO OUR PATIENTS AND ACCOMPANING FAMILY MEMBERS...

The MR room contains a very strong magnet. Before you are allowed to enter, we must know if you have any metal in your body. Some metal objects can interfere with your scan or may even be dangerous, so PLEASE answer the following questions carefully. If you have a question regarding anything on this form, PLEASE DO NOT HESITATE TO ASK US!

Yes No Have you ever had an operation or surgery of any kind? If so, please list them all with dates.

Yes No **Pacemaker, wires, or defibrillator**
 Yes No **Cochlear implant**
 Yes No **Magnetic implant anywhere**
 Yes No **Electrical stimulator for nerves or bone**
 Yes No **Brain aneurysm clip**

Yes No Are you claustrophobic?

Yes No Have you ever been a machinist, welder, or metalworker?

Yes No Have you ever been hit in the face or eye with a piece of metal (including metal shavings, slivers, bullets or BBs)?

Yes No Are you pregnant, possibly pregnant, or breast feeding?

Yes No Body piercing

Yes No Metal shrapnel or fragments

Yes No Ortho devices (plates/screws/pins /rods/wires)

Yes No Eyelid tattoo
 Yes No Penile prosthesis
 Yes No Shunt
 Yes No Artificial heart valve
 Yes No Infusion pump
 Yes No Diabetes?

If you have Diabetes, what medications are you taking?

Yes No Hypertension?

If you have Hypertension, what medications are you taking?

The following items may become damaged or cause injury to others in a strong magnetic field.

THEY MUST NOT BE TAKEN INTO THE SCAN ROOM.

Hearing Aid
Glasses

Purse/pocketbook
Pens/pencils

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

Signature (Parent or Guardian)

Date Signed: _____

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- | | | | | |
|------------------------------|-----------------------------|---|--------------------|------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Coil, filter, or wire in blood vessel | Watch | Keys |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Artificial limb or joint | Safety Pins | Coins |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Diaphragm or intrauterine device | Hairpins/barrettes | Pocketknife |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Implanted catheter or tube | Wigs/hair pieces | Credit or bank cards |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | False teeth, retainers, or magnetic braces | Jewelry | Belt Buckle/Suspenders |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Surgical clips, staples, wires, mesh, or stitches | Wallet/money clip | Cell Phones/Pagers |

Information Concerning Gadolinium Contrast Material

As part of your examination, the radiologist may deem it advisable to give you an I.V. injection of a contrast agent containing gadolinium. This injection may help the physician more accurately diagnose your condition. Although gadolinium contrast agents have been used safely in millions of cases, minor reactions (principally headache or nausea) occur in about 2% of patients, whereas serious or life-threatening reactions have been reported in about one in 400,000

- Yes No Have you ever had a previous allergic reaction to gadolinium contrast material?
- Yes No Do you have a history of asthma or emphysema?

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Signature (Parent or Guardian)

Date Signed: