



MRI Screening Questionnaire

WARNING: The MRI magnet is ALWAYS on. Do not enter the MRI system room or MRI environment if you have a metal implant, device or object on or in your body. Never enter the MRI room until you have consulted with the MRI Technologist. Before entering the MRI room you should remove all metallic objects including hearing aids, dentures, hair pins, barrettes, jewelry, body piercings, cell phones, beepers, watches, and any and all items from your pockets. You may be asked to put on a gown, and you are required to wear earplugs or some other hearing protection.

Patient Name: _____ **Date of Birth:** _____ **Weight:** _____

**The following items may interfere with MRI imaging. Do you have any of the following?
Please circle "Y" (for YES) or "N" (for NO) on EACH individual question.**

- | | |
|--|--|
| Y/N Cardiac pacemaker/Defibrillator | Y/N Bones/Spine treated w/metal rods |
| Y/N Medication Pump/Insulin Pump | Y/N Metal mesh implant |
| Y/N Wires designed to carry a current | Y/N Shunt (spinal or ventricular) |
| Y/N Any stents, filters or coils | Y/N Surgery in the last six (6) weeks |
| Y/N Artificial Heart valve | Y/N Previous lumbar spine surgery |
| Y/N Brain clips/ Aneurysm clips/ Aortic clips | When: _____ |
| Y/N Wire sutures/ sternal closure wires | Y/N IUD (Effectiveness could be compromised) |
| Y/N Metal plates, screws, pins, staples | Y/N Are you pregnant |
| Y/N Biomedical devices | Y/N Penile Prosthesis |
| Y/N Neurostimulator (Tens unit) | Y/N Tattoo/Permanent eyeliner |
| Y/N Prosthesis/ Joint replacement | Y/N Non-removable body piercing/ jewelry |
| Y/N Cochlear/Stapes implant in ear | Y/N Electrodes on body, head, or brain |
| Y/N Hearing aid (must remove for scan) | Y/N Dentures (may need to remove for scan) |
| Y/N Metal implants/fragments in body or head | Y/N Shrapnel, buckshot, or bullets |
| Y/N Motion disorders (i.e., Involuntary Shaking, Restless Leg) | Y/N Personal history of cancer |
| Y/N Claustrophobic- if medicated patient must have a driver | |
| Y/N Are you wearing a medication patch that you cannot remove for the MRI exam? | |
| Y/N Ever had metal in your eyes?
If YES to metal in eyes, was it completely removed by a doctor (MD)? Y/N | |

If you have any questions or concerns about this form or your MRI exam, please have them addressed before you sign this form. Thanks!

Signature of Patient or Legal Guardian:	Date:
Signature of Pinnacle witness:	Date: