



ARTHROGRAM 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 piercing jewelry, cell phone, beepers, watches, and any and all items from your pockets. Billfolds and purses should not be taken into the MRI room. 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:	Date:	Weight:
----------------------	-----------------------	--------------	----------------

The following items will interfere with MRI imaging. Do you have any of the following?	
Y/N Cardiac pacemaker/Defibrillator/Insulin pump	Y/N Allergy to x-ray dye, iodine or shellfish
Y/N Are you currently on a Coumadin regiment	Y/N Metal mesh implant
Y/N Are you currently on Plavix	Y/N Dentures (may need to remove for scan)
Y/N Wires designed to carry a current	Y/N Shunt (spinal or ventricular)
Y/N Any stents, filters or coils (if yes bring card to appt)	Y/N Previous lumbar spine surgery
Y/N Artificial Heart valve	When: _____
Y/N Brain clips/ Aneurysm clips/ Aortic clip	Y/N IUD (Effectiveness could be compromised)
Y/N Wire sutures/ sternal closure wires	Y/N Are you pregnant and/or breastfeeding
Y/N Metal in body or head	Y/N Penile Prosthesis
Y/N Biomedical devices	Y/N Tattoo or Permanent eyeliner
Y/N Neurostimulator (Tens unit)	Y/N Non-removable body piercing/ jewelry
Y/N Prosthesis/ Joint replacement	Y/N Hearing aid (must remove for scan)
Y/N Cochlear implant in ear	Y/N Surgery in the last six (6) weeks
Y/N Electrodes on body, head, or brain	Y/N Shrapnel, buckshot, or bullets
Y/N Metal plates, screws, pins, staples	Y/N Any personal history of cancer
Y/N Motion disorders (i.e. Involuntary Shaking, Restless Leg)	Y/N Bones/ Spine treated w/ metal rods
Y/N Claustrophobic- if medicated patient must have a driver	
Y/N Are you wearing a medication patch that you can not remove for the MRI exam	
Y/N Metal fragments in eyes	
If yes, 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:

Office Use

Time of Injection: _____ **(30 minute window for MRI exam to start)**

Total amount Injected: _____ **cc** **Amount of GAD given:** _____ **cc**