

MRI PATIENT HISTORY AND SAFETY SCREENING

Patient's Name / DOB: _____

MRI has a strong magnetic field, so the following items may be harmful or interfere during your MRI exam.

YES NO

- Pacemaker / Automatic Internal Cardiac Defibrillator**
- Brain Aneurysm Clips**
- Cochlear / Inner Ear Implants**
- LINX Ring (Reflux)**
- Neurostimulators / Bone Fusion Stimulators**

NOTE: If you have checked YES to any of the above boxes, you are NOT a candidate for MRI @ OFC

- Have you ever had an injury to the eye involving a Metallic object, Foreign body or Sheet metal injury?**
IF YES (even if it's been removed), an x-ray of the eyes must be taken and the report sent to MRI @ OFC

- CLAUSTROPHOBIA: If YES, will patient be medicated?** Yes No **Pharmacy:** _____
- Anaphylactic Reaction**
- Allergic Reaction to IV Contrast Injection**
- Drug allergies: If YES, please describe:** _____
- Allergies – List:** _____
- Asthma:**

- Diabetes – Type I or II (Please circle) If Yes, Insulin Dependent?** Yes No
- Insulin Pump and/or CGM (sensor) Type:** _____
- Cancer: If YES, please describe** _____
- Feraheme Iron Injection –Date of last injection:** _____

HEIGHT: _____
WEIGHT: _____

- Internal or External Drug Infusion Pump**
- Intra-vascular Coils, Filters, Stents (# stents _____)**
- Intra-ventricular Shunts**
- Vascular Access Port**

- Bullets, Shrapnel, BB's – Location:** _____
- Electrodes (i.e. Holter Monitor, TENS unit)**
- Medication Patch – Location:** _____
- Pill Camera or pH Probe for stomach / intestine test**

- Joint Replacement / Prosthesis / Artificial Limbs**
- Harrington Rod (Spine Scoliosis)**
- Surgical wires, mesh, sutures, clips, staples, plates, screws**

- Penile Implant**
- Currently Pregnant / Breastfeeding (please circle)**
- Breast Implant / Prosthesis / Tissue Expander**
- IUD – Type:** _____

- Dentures or Dental Implants**
- Eye Prosthesis**
- Hearing Aids**
- Body Piercings – Location:** _____
- Magnetic Hair Extensions or Eyelashes**

LIST ALL PREVIOUS SURGERIES (be specific)

Patient's Signature

Date