

**Next Generation Imaging**

**MRI PATIENT SCREENING**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ DOB: \_\_\_\_\_

Your doctor has scheduled you for a Magnetic Resonance Imaging (MRI) scan. The machine utilizes a magnetic field and radio frequency waves to obtain images. There are no known biological hazards. Because of the presence of a magnetic field, the following items should not be taken into the MRI room: **Watches, Coins, Keys, Knives, Dentures, Hair Pins, Hearing aid, Wallet, Body Piercing, Jewelry, Belt, Phones, Beepers or any other loose metal, or electronic objects.**

**Do you currently have or have you ever had any of the following: Yes No Description**

<b>Do you currently have or have you ever had any of the following:</b>	<b>Yes</b>	<b>No</b>	<b>Description</b>
A pacemaker?			
Any ear or eye implants?			
Have you ever had metal in your eyes or metal removed from your eyes?			
A brain aneurysm?			
Stimulators or nerves (T.E.N.N.S unit)			
Any surgeries in the past six weeks?			
Any metal in your body such as pins, surgical implants, shrapnel, bullets etc.?			
Any insulin or infusion pumps?			
Artificial heart valves?			
Do you have tattooed eyeliner?			
IUD (intra-uterine device)?			
Is there a chance of pregnancy?			
Are you claustrophobic?			
Do you have any history of cancer?			
Have you ever had any surgery on the area to be scanned?			
Do you have a history of fracture/dislocation of the area to be Scanned?			

Please list any allergies to drugs, latex, or adhesive: \_\_\_\_\_  
\_\_\_\_\_

**\*\*\*Please give a brief description of your symptoms related to the area to be scanned:**

\_\_\_\_\_  
\_\_\_\_\_

I have read the above information and answered the preceding questions to the best of my knowledge. I hereby give consent to have an MRI scan.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
MRI Tech Signature

\_\_\_\_\_  
Date