

Medstar Georgetown Radiology MRI Safety Screening Form

MRN _____

Patient Name: _____ Date of Birth: _____ Sex: Female Male

Height: _____ Weight: _____ Referring Physician: _____ Date of Service: _____

Name of individual completing this form: _____ Relation to patient: _____

Contact information of individual completing this form: _____

Did you bring any previous imaging studies? NO ___ YES ___ If yes, what type: _____

ARE YOU PREGNANT OR IS THERE ANY POSSIBILITY YOU MAY BE PREGNANT? NO _____ YES _____

Date of first day of last menstrual period: _____ Post Menopausal

Are you breastfeeding? NO _____ YES _____

LIST ALL PREVIOUS SURGERIES INCLUDING LAPAROSCOPIC OR ENDOSCOPIC PROCEDURES AND APPROX. DATES

WHY ARE YOU HAVING THIS EXAMINATION?

LIST ALL KNOWN DRUG ALLERGIES: _____

LIST ALL CURRENT MEDICATIONS: _____

Are you claustrophobic? NO__ YES__ Did your doctor prescribe a sedative for this exam? NO _____ YES _____

Do you have a motion disorder or breathing problem? NO__ YES__ ; if yes, describe _____

THE FOLLOWING ITEMS MAY PRESENT A SAFETY HAZARD OR INTERFERE WITH THE MRI/MRA STUDY. PLEASE CHECK ALL THAT APPLY.

	No	Yes		No	Yes
CARDIAC PACEMAKER, IMPLANTED CARDIAC DEFIBRILLATOR			TRANSDERMAL MEDICATION PATCH		
ANEURYSM CLIPS			TATTOOS/ TATTOOED MAKEUP		
HAVE YOU EVER HAD METAL IN YOUR EYES?			BODY PIERCING		
IMPLANTED NEUROSTIMULATOR			ARTIFICIAL HEART VALVE		
IMPLANTED DRUG INFUSION PUMP			ARTIFICIAL LIMB OR JOINT		
BULLETS, SHRAPNEL, METAL FRAGMENTS			METAL SCREWS, PLATES		
COCHLEAR, OTOLOGIC OR OTHER IMPLANT			ORTHOPEDIC HARDWARE		
PENILE IMPLANT			PROSTHETIC EYE, OR EYE IMPLANTS		
BREAST TISSUE EXPANDERS			HARRINGTON RODS IN SPINE		
METALLIC STENTS/COIL/FILTER/SHUNT			HEARING AID (REMOVE)		
ANY IV ACCESS PORT			DENTURES/DENTAL IMPLANT		
SURGICAL CLIPS, WIRES, STAPLES			IUD/DIAPHRAGM/PESSARY		

IF YES TO ANY OF THE QUESTIONS ABOVE, PROVIDE DETAILS:

PATIENT OR AUTHORIZED REPRESENTATIVE SIGNATURE: _____ DATE: _____ Time _____

RELATIONSHIP TO PATIENT: _____

INTAKE PERSONNEL _____ TECHNOLOGIST _____ DATE: _____ TIME: _____