

MRI Screening form

The Magnet is **ALWAYS** on!

You must remove all personal items.

This includes but is not limited to wallet, credit cards, keys, **CELLPHONES**, jewelry, pocket knives, nail clippers, change/money, bobby pins, firearms, pens, scissors, scalpels, and earbuds.

Do you have any of the following:

Cardiac pacemaker or defibrillator?	Yes	No
Artificial heart valve?	Yes	No
Aneurysm clip?	Yes	No
Implanted drug infusion pump or insulin pump?	Yes	No
Glucose monitor (freestyle)?	Yes	No
Neurostimulator (DBS, VNS, Bladder)?	Yes	No
Bone Growth Stimulator?	Yes	No
Cochlear implants or inner ear prosthesis?	Yes	No
Hearing Aids?	Yes	No
Intravascular coils, filters, and stents?	Yes	No
Shrapnel or Bullets?	Yes	No
Shunts in your brain or spine?	Yes	No
Are you pregnant or suspect to be pregnant?	Yes	No
Have you ever been subjected to small, metal slivers which may have gone into your eyes or been embedded in your skin?	Yes	No
Do you have any other metal implants or devices?	Yes	No

If yes, please list: _____

Please check: Visitor _____ or Staff _____ (Give sticker)

Name: _____ Date: _____

Signature: _____

Staff: If your medical information changes, it is your responsibility to notify the MRI technologist and complete a new screening form.