

MAGNETIC RESONANCE IMAGING SCREENING FORM

PATIENT NAME _____ EXAM DATE ____ / ____ / ____

Please complete this screening form thoroughly to determine if it is safe for you to have an MRI.

1. Have you ever had an MRI? YES NO
2. Have you ever had a cardiac pacemaker? YES NO
3. Have you ever had surgery on your heart, brain, eyes, ears, back, or neck? YES NO
If yes, which one(s) _____
4. Have you had any surgery in the last two months? YES NO
5. Have you ever had any metal fragments in your eyes? YES NO
If yes, have you had an MRI since the fragments? YES NO
6. Have you ever had an injury that left metal fragments in any other part of your body? YES NO
If yes, give details _____
7. Have you had operations involving the use of metal rods, plates, clips or stents? YES NO
Do you have any type of electronic, mechanical, or magnetic implant? YES NO
If yes, what type / when implanted? _____
8. Do you have any artificial limbs or joints? YES NO
If yes, give details _____
9. Do you have removable dentures or partials? YES NO
10. Do you have a hearing aid(s)? YES NO
11. Do you have any medication that is a transdermal patch? YES NO
12. Do you have any tattoos near your eyes? YES NO
13. Do you have any facial or body jewelry? YES NO
14. Are you allergic to any medications, latex, or tape? YES NO
If yes, please list _____
15. Have you ever been diagnosed with high blood pressure, diabetes, or kidney disease? YES NO
If yes, which one(s)? _____
16. Do you have a personal history of cancer? YES NO
17. Women: Are you pregnant or breast-feeding? YES NO

****All medical procedures carry an element of risk and MRI is no exception. The use of contrast materials may provide additional information to evaluate your condition and improve the quality of your exam. Adverse reactions occur in less than 1% of patients. Your physician has considered the risks before recommending this exam and believes the diagnostic benefits outweigh the minimal risks.****

I attest that the above information is correct to the best of my knowledge. I have had the opportunity to ask questions regarding the information on this form. I have read the above and give my consent to the performance of the MRI procedure ordered including the administration of contrast material if indicated.

Patient's Signature _____ Date ____ / ____ / ____ Reviewed by _____

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PATIENT LABEL