PROVIDENCE
IMAGING CENTER

MRI Screening Questionnaire

Name: _____ ☐ Patient ☐ Guest
Print Name Please

DOB: _____ Weight: _____ Height _____

Have there been prior MRI studies/Did another imaging study prompt this examination? _____

MRI Safety Information

The following items can interfere with MR imaging or potentially be a safety hazard in the scanner. Please indicate if you have (or have ever had) any of the following:

Y	N	
☐	☐	Heart Pacemaker/Defibrillator or other internal electrodes or wires?
☐	☐	Aneurysm or vascular clip placement?
☐	☐	Metallic stent, filter, or coil?
☐	☐	Internal or middle ear surgical implants?
☐	☐	Biostimulator or other placement of an **electronic**, **mechanical** or **magnetic** implant?
☐	☐	Insulin or other infusion pump or a glucose monitor?
☐	☐	Surgery to your head, brain or eyes?
☐	☐	Surgery involving the use of metal implants, prosthetics, plates, or clips?
☐	☐	Body piercing jewelry?
☐	☐	Tattoos on your eyelids or elsewhere?
☐	☐	Metal fragments/Shrapnel in your eyes or elsewhere?
☐	☐	Are you here for an MRI examination?
☐	☐	Hearing aids (remove before entering the MRI scan room)?
☐	☐	Medication patches (Nicotine, Nitroglycerine, hormone)?
☐	☐	Denture plate, dental bridge, or other metallic dental work (other than fillings)?
☐	☐	Prior reaction to MRI IV contrast?
☐	☐	Do you have any renal/kidney problems?
☐	☐	Are you on Dialysis?
☐	☐	Are you Claustrophobic?
☐	☐	Is there any possibility that you are, or may be, pregnant?
☐	☐	Are you currently breastfeeding?
☐	☐	Do you have an implanted IUD?
☐	☐	Have you had any problems during prior MRI scans?

Please consult the MRI technologist or radiologist if you have any questions or concerns before you enter the MRI scan room. Additionally, please be aware that the MRI magnet is <u>always</u> on and for safety reasons you must remove all metallic objects; including hearing aids, dentures, partial plates, metallic body piercing jewelry, keys, credit cards, eyeglasses, barrettes, metallic jewelry, watches, pens, belt buckles, hairpins, etc.

I attest that the above information is correct to the best of my knowledge. I understand the contents of this form and had the opportunity to ask questions regarding the MRI procedure that I am about to undergo. I hereby give my consent to proceed with a Magnetic Resonance Image Scan.

Signature of person completing form: _____ **Date:** _____

Form Information reviewed by: _____

Turn page over – screening questions continue on side 2

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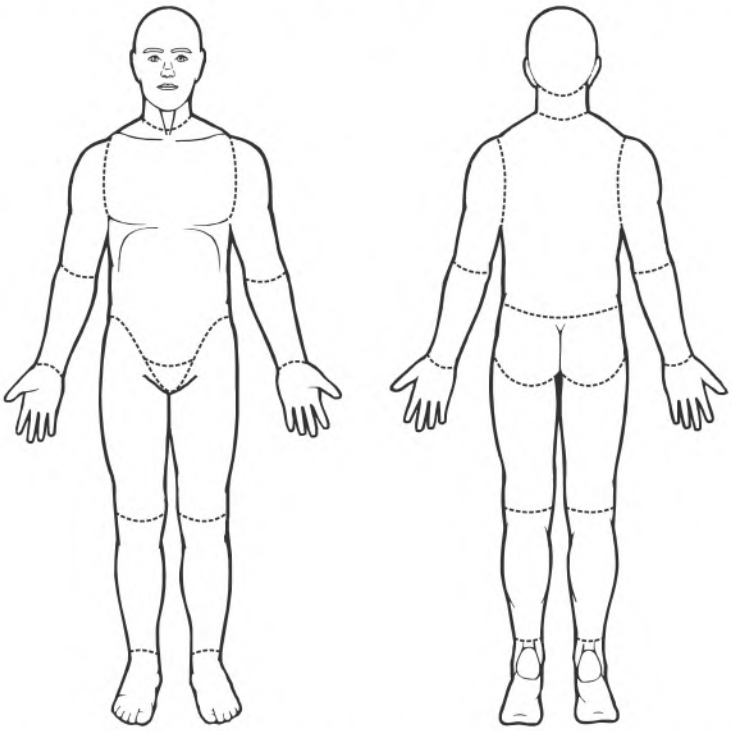
Use the drawings below to shade in the location of your pain. Please focus on the areas of most intense/frequent pain. You may use the spaces next to the drawings to further elaborate if needed.



If you are receiving a **Brain MRI**, please answer the following questions:

Do you have a brain tumor?_____. If so, what type?_____.

Do you have seizures?_____. If so, since when? _____.

Have you had brain surgery?_____. If so, when? _____.

Have you had significant head trauma?_____. If so, when? _____.

If you are receiving a **Spine MRI**, please answer the following questions:

Where is your back/neck pain? _____.

Does the pain go down your arms/legs?_____. Which side? _____.

Does anything make it worse?_____.

Do you have numbness?_____. If so, where?_____.

Do you have weakness?_____. If so, where? _____.

Have you had spine surgery?_____. If so, when?_____.

What level (if known) _____.

If you are receiving a **Joint/Musculoskeletal MRI**, please answer the following questions:

Has there been an injury?_____. If so, when? _____.

What type of injury (twisting, direct impact, etc.) _____.

Have you had prior surgery to this area?_____. If so, when? _____.