MRI OUTPATIENT SCREENING FORM

Patient: _____ **DOB** _____ **Acct Number:** _____ **Weight** _____	**Exam Requested** _____ **Appointment Date/Time** _____	
Previous X-rays, CT, MRI Scans of Area to be Studied	**Date**	**Hospital**

yes	no	EVALUATION OF PATIENT EXCLUSIONS/SUITABILITY
		1. Do you have a pacemaker or defibrillator? Device Clinic:
		2. Have you had heart surgery (stents, filter, valve, etc.)?
		3. Do you have any implanted device (insulin pump, neurostimulator, TENS, mechanical pump)?
		4. If female, are you pregnant or using IUD? Date of LMP
		5. Are you claustrophobic? Medications:
		6. Have you ever done welding, grinding, been an auto mechanic?
		7. Have you ever had anything metallic in or removed from your eyes?
		8. Have you ever had eye, ear, or brain surgery?
		9. Do you have a tattoo, tattoo eyeliner, or body piercing?
		10. Do you have metal, surgical clips, or wire sutures anywhere in or on your body?
		11. Do you have a hearing aid or mechanical voice box?
		12. Do you have a vena cava filter or umbrella for blood clots? If yes, schedule at least 6 weeks post op.
		13. Have you ever had a war injury or gunshot wound?
		14. Do you any have transdermal patches on your body (nicotine, pain, and/or contraceptive)?
		15. Are you diabetic? If yes do you take Glucophage/metformin?
		16. Do you have abnormal kidney function?
		17. Do you have a history of seizures?
		18. Are you able to lie flat on your back for 1 hour? Dr. order pain meds? Yes ___ No ___
		19. Have you had blood work in the last 30 days? If yes, where

List all previous surgeries

Have you had MRI contrast before? **Allergic to MRI contrast?**
Reaction:

Drug allergies

Describe injury/problem/duration of pain

The answers to these questions are felt to be correct and have been answered to the best of my ability.

1st screening: Name of Person Answering Questions _____ Relation to Pt _____

Secretary Review by _____ Date/Time _____

2nd screening: Name of Person Answering Questions _____ Relation to Pt _____

Secretary Review by _____ Date/Time _____

Technologist Final Screening Review by _____ Date/Time _____