

# MRI Safety Questionnaire

(PT to complete upon arrival)

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

## THE FOLLOWING MAY BE SAFETY HAZARDS FOR AN MRI EXAM

	YES	NO
Heart Pacemaker or implanted cardiac defibrillator		
Brain Aneurysm Clip		
Possibility of pregnancy		
Neurostimulators		
Vena Cava Umbrella (filter for clot)		
Cochlear or other permanent implant		
Artificial Heart Valve (made before 1964)		
Possibility of metal fragment in eyes, head or skin		
Shrapnel (grenade, mortar, artillery) or BB pellet injury		
Infusion pumps for medication		
Penile implant		
IUD		
Body piercing jewelry		

## THESE MAY DEGRADE THE QUALITY OF YOUR SCAN

	YES	NO
Other metal implants (metal rods, joints, plates, screws)		
Denture or other dental implants		
General surgical clips and sutures		
Any implant held in place by a magnet		
Stents, filters or coils		
Pessary or bladder ring		
Transdermal delivery patch (nicoderm)		
Previous surgery		
If you had surgery, what type		
Do you have any special needs due to hearing, speech or other impairments?		

PATIENT SIGNATURE: \_\_\_\_\_

**FOR TECH USE ONLY:**

TECHNOLOGIST'S INITIALS: \_\_\_\_\_

**Monitoring**

Gadolinium Signed  Yes  No

\_\_\_\_\_ Pulse OX  
 \_\_\_\_\_ ECG

**Complications:**

- No
- Yes
- Incident Report Completed

Restraining order and status checked  Yes  No      Date \_\_\_\_\_