

# MRI PATIENT SAFETY RECORD

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

Describe any symptoms you are having: \_\_\_\_\_

Have you had surgery in the area being scanned? YES / NO  
 Have you had a previous MRI of this area? YES / NO  
 Were there any x-rays taken for this problem? YES / NO  
 Trauma/Injury to area being scanned? YES / NO  
 Patient Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Have you ever been diagnosed with any of the following?  
 High Blood Pressure? YES / NO  
 Diabetes? YES / NO  
 Cancer? YES / NO

### PLEASE COMPLETE THE FOLLOWING CHECKLIST

Yes No (Please hold any questions for the MRI Technologist)

		Can you lie on your back for at least 45 minutes?
		Are you claustrophobic or afraid of small places?
		Have you ever been a machinist, welder, or metal-worker?
		Have you ever been hit in the face or eye with a piece of metal? (including metal shavings, slivers, bullets or BB's)
		Are you pregnant, possibly pregnant, or breast feeding?

### DO YOU HAVE ANY OF THESE ITEMS IN OR ON YOUR BODY?

		Cardiac pacemaker, pacer wires, defibrillator
		Brain/Aneurysm Clip
		Ear Implant/Inner Ear Surgery
		Eye Implant/Eye Surgery
		Electrical Stimulator/Tens Unit
		Bullets/BB's/Pellets/Shrapnel/Fragments
		Medication Patch (i.e. Nicotine, Nitroglycerin, etc.)
		Implanted Medication Pump
		Artificial Limb/Joint/Prosthesis
		Coil/Filter/Stent in blood vessel
		Heart Surgery/Artificial Heart Valve/Angioplasty
		False Teeth or retainers
		Hearing aid
		Surgical Clips, Staples, Wires, Mesh or Sutures
		Intrauterine Device/IUD
		Orthopedic Hardware (plates, screws, pins, rods)
		Body Piercings and/or Tattoos
		Allergy to Contrast (Iodine, etc.)
		Penile Implant

**The following items may become damaged or cause injury in a strong magnetic field and MUST NOT BE TAKEN INTO THE SCAN ROOM:**

**Watch Safety Pins Hair Pins/Barrette Keys/Coins Pocket Knife Wallet/Credit Cards**

\_\_\_\_\_  
Signature of Patient, Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Reviewing Professional

\_\_\_\_\_  
Date

**Please bring this form with you to your examination.**