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MRI SCREENING FORM

HEIGHT _____ WEIGHT _____ ALLERGIES _____ MOBILITY ISSUES _____ GOWN _____ JEWELRY _____

	YES	NO	NOTES
Have you had a previous MRI?			
Are you claustrophobic?			
Are you pregnant or breastfeeding?			
Have you ever done any metal work (Grinding and/or welding)?			
Have you ever had any metal (dust/slivers) in or around the eyes?			
Shrapnel/Bullets anywhere in your body?			
Do you have any of the following in place:			
Cardiac Pacemaker, ICD or Leads			
Heart Valve Prosthesis			
Brain Surgery (Coils, Clips or Shunts)			
Eye Implants			
Inner Ear Implants – Cochlear, Stapes or Hearing Aids			
Vascular Coils, Clips, Filter or Stents			
Electronic Stimulator (embedded under the skin)			
Any attached Pumps, Libre (must be removed)			
Joint Replacements or Prosthesis			
Surgical Rods/Wires/Plates			
Genital Implant – Penile, Diaphragm, IUD, Pessary ring			
PICC-line, Port-a-Cath			
Dentures, Braces			
Tattoos or Permanent Cosmetics (Micro-blading)			
Body Piercings or Jewellery (ALL must be removed)			
Medication Patch (nicotine, nitro, etc.)			
Are you on Dialysis (if yes same day Dialysis required)			
Please list ALL your surgeries:	NOTES		

I have been informed how the MR examination is performed and that an injection of IV contrast (Gadolinium) may be used to enhance the study. I have answered the questions and agree to the procedure as described.
The risks associated with the presence of jewellery during an MRI scan have been explained to me.

PATIENT (POA or Guardian) Signature _____

MRI TECH. Signature _____ Date _____

Verbal consent for IV Contrast YES NO

eGFR / Date:
