UAB MEDICINE
Department of Radiology

MRI - Patient Screening Form

Female ☐ Male ☐ Height_____ Weight_____ MR Safety Code_____

Reason for the Exam: _____

1. RISK FACTORS IN PATIENT HISTORY: PLEASE CHECK EACH QUESTION. AN ANSWER NOT CHECKED WILL BE CONSIDERED A *NO* ANSWER.

	Y	N
Is the patient on peritoneal or hemodialysis?	☐	☐
Has the patient ever had an MRI examination before and had a problem?	☐	☐
Has the patient had a surgical operation or procedure of any kind during the past 8 weeks?	☐	☐
Will the patient require functioning external medical devices (IV pumps, respirators, ventilators Other life support devices) or anesthesia support during the MR examination?	☐	☐
Has the patient ever sustained penetrating injury (especially to the eye) by a metal object or foreign body (e.g. bullet, BB, Shrapnel, metal shavings in the eye?	☐	☐
If the patient is female and NOT postmenopausal, is she pregnant or is pregnancy suspected? If NOT, record date of last menstrual period: LMP: _____	☐	☐
Has patient received a diagnosis of nephrogenic fibrosing dermopathy, also known as NFD, or nephrogenic system fibrosis, also known as NSF?	☐	☐
Is the patient claustrophobic and requires medications to have the scan? If yes, please contact your ordering physician to receive a prescription.	☐	☐

***If you have been prescribed medication to take before the procedure, you must have a driver or the test may be canceled.**

2. RISK FACTORS ASSOCIATED WITH IMPLANTED DEVICES:

Y	N		Y	N	
☐	☐	Aneurysm Clips	☐	☐	Halo Vests and Cervical Fixation Devices
☐	☐	Artificial Heart Valves	☐	☐	Implanted drug pumps (e.g. insulin, Baclofen, chemotherapy, pain medication
☐	☐	Artificial Joints, Materials, and Devices	☐	☐	IUD
☐	☐	Biopsy Needles, Markers, and Other Devices	☐	☐	Metallic Cardiac Occluders (PDA, ASD, VSD)
☐	☐	Bone or Spinal Fusion Stimulators	☐	☐	Neurostimulators and Neurocontrol devices
	☐	Breast Tissue Expanders	☐	☐	Other Implanted Items (e.g. pins, rods, screws, nails, plates, wires
☐	☐	Cardiac Pacemakers, Pacing Wires or Implanted Defibrillators	☐	☐	Penile Implants
☐	☐	Cardiovascular Catheters or Accessories	☐	☐	Ports and Catheters (e.g. Broviac, Port-a-Cath, Hickman, PICC Line)
☐	☐	Coils, Stents, Filters, and Grafts	☐	☐	Shunts (spinal or intraventricular)
☐	☐	Cranial Flap Fixation Implants	☐	☐	Surgical Clips, Staples, or Mesh
☐	☐	Eye or Ear Implants or Devices (e.g. artificial eye, eyelid spring)	☐	☐	Vascular Clips or Clamps
☐	☐	Foley Catheters with Temperature Sensors			

3. UNUSUAL MRI SAFETY / MRI COMPATIBILITY ISSUES. DOES THE PATIENT HAVE:

Y	N		Y	N	
☐	☐	Any tattoos including tattooed eyeliner	☐	☐	Removable metallic dental work
☐	☐	Hair wigs, toupees, or other hair objects	☐	☐	Body Piercing objects
☐	☐	Medication patches (nitroglycerine, nicotine)	☐	☐	Ability to lay on back
☐	☐	Hearing Aid	☐	☐	Claustrophobic
☐	☐	Ability to stand unassisted	☐	☐	Magnetic/Metallic Nail Polish

Interviewer's Signature **Time** **Date**

Patient's Signature **Time** **Date**