

MRI Safety Questionnaire

1. Name _____ Date _____

2. Do you have any of these devices implanted inside your body?

	Yes	No		Yes	No
Pacemaker/ Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>	Shunt	<input type="checkbox"/>	<input type="checkbox"/>
Heart valve	<input type="checkbox"/>	<input type="checkbox"/>	Aneurysm clips	<input type="checkbox"/>	<input type="checkbox"/>
Pain Stimulator	<input type="checkbox"/>	<input type="checkbox"/>	Cochlear implants	<input type="checkbox"/>	<input type="checkbox"/>
Neural stimulator	<input type="checkbox"/>	<input type="checkbox"/>	Medication pump	<input type="checkbox"/>	<input type="checkbox"/>
Stent	<input type="checkbox"/>	<input type="checkbox"/>	Surgical Staples	<input type="checkbox"/>	<input type="checkbox"/>

3. Have you ever had anything implanted inside your body? Yes No

4. Have you ever had metal fragments or shavings in your eye? Yes No

5. Are you **CLAUSTROPHOBIC**? Please discuss claustrophobia concerns with MRI technologist. Yes No

6. Do you have kidney disease? Yes No

7. Have you had any surgery within 6 weeks? Yes No

8. Are you pregnant or breastfeeding? Yes No

9. Do you have tattoos? Yes No

10. Do you wear a medication patch? Yes No

While you are waiting for your MRI please use this opportunity to use the restroom. Some MRI exams are very long and cannot be interrupted to use the restroom.

MRI is generally safe, but certain things that may be implanted inside your body or accidentally carried with you into the MRI room could cause serious injury or death.

Because of this it is important to complete this form and discuss MRI safety with the MRI technologist. Do not hesitate discuss your health history and ask questions.

I understand and have completed this questionnaire accurately.

Patient Signature: _____ Date: _____

Technologist Signature: _____ Date: _____