

Ulster Medical and Surgical Specialists
Magnetic Resonance Imaging
MRI Patient Screening Tool

Patient Name: _____ D.O.B. _____ M or F

Exam _____ Patient's Weight _____

Referring M.D. _____ list advanced directives: _____

List special handling? (isolation, O2, ventilator, stretcher, wheelchair, etc.)* Please specify

Pre test medication ordered _____ If yes advise pt they MUST have a driver!

Surgeries: list _____

Any previous studies? (Where?) _____

CONTRAINDICATIONS/GENERAL QUESTIONS

THE FOLLOWING ITEMS CAN INTERFERE WITH MRI AND SOME CAN BE HAZARDOUS TO
YOUR PATIENTS SAFETY! PLEASE CONTACT MRI DEPT. TO NOTIFY TECH. WITH ANY
"YES" RESPONSES.

Pacemaker	Yor N	Internal defibrillator	Yor N
Heart surgery	Yor N Date _____	IUD	Yor N
Brain surgery	Yor N Date _____	Neuro-stimulator	Yor N
Brain clips/carotid clips	Yor N	Any implanted devices	Yor N
Inner ear implants	Yor N	Do you work with metal	Yor N
Pregnant/breastfeeding	Yor N	Penile implant	Yor N
Shrapnel wounds	Yor N	Metal in eyes	Yor N
IV infusion pump	Yor N	Med. Patches (pain/nicotine)	Yor N
Hearing aids	Yor N	Barrettes/bobby pins	Yor N
Body piercings	Yor N	Dentures/partial plates	Yor N
Telemetry/electrodes	Yor N	Is pt. wearing metallic jewelry	Yor N
Patient med. Pump	Yor N	Is pt. claustrophobic	Yor N
Pt on ventilator	Yor N	Is pt. apprehensive	Yor N
Can pt. cooperate for exam	Yor N	Renal disease	Yor N
Is pt. on dialysis	Yor N	Diabetes	Y or N
Heart valve/stent placed 6 weeks	Yor N	Liver transplant	Y or N
Vena cava filter placed 6 weeks	Yor N		
Ortho-pins/rods placed 6 weeks	Yor N		

PATIENTS WITH A PACEMAKER OR AN INTERNAL DEFIBRILLATOR MAY NEVER HAVE AN MRI!

NOTE: Mechanical devices such as respirators, cardiac monitoring devices, IV pumps etc. must be discontinued during MRI exams.

IF YOU HAVE ANY QUESTIONS PLEASE ASK THE TECHNOLOGIST

Staff Signature _____ Date _____

Patient Signature _____ Date _____

Technician Signature _____ Date _____