



MRI QUESTIONNAIRE

Patient Name: _____

Date: _____ Patient's Weight: _____

The MRI room contains a very powerful magnet. Before you are allowed to enter, we must know if you have any metal in your body. Some metal objects can interfere with your scan and may even be dangerous, so ***please*** answer the following questions very carefully. If you have any questions regarding anything on this questionnaire, please direct them to the MRI Technologist when they call you for your exam.

- Yes No Are you claustrophobic?
- Yes No Have you ever been a machinist, welder, or metalworker?
- Yes No Have you ever been hit in the face or eye with a piece of metal?
- Yes No Have you ever had a piece of metal removed from your eyes?

If Yes, have you had an MRI since having metal removed from your eyes or working with metal?

Yes No

- Yes No Are you pregnant, possibly pregnant, or breast feeding?
- Yes No Pacemaker, wires, or defibrillator
- Yes No Body piercing
- Yes No Brain aneurysm clip
- Yes No Ear implant
- Yes No Eye implant
- Yes No Electrical stimulator for nerves or bones
- Yes No Metal shrapnel or fragments
- Yes No Magnetic implant
- Yes No Infusion pump
- Yes No Coil, filter, or wire in blood vessels
- Yes No Artificial limb or joint
- Yes No Eyelid tattoo
- Yes No Penile prosthesis
- Yes No Shunt
- Yes No False teeth, retainers, or magnetic braces



MRI QUESTIONNAIRE (continued)

- Yes No Surgical clips, staples, wires, mesh, or stitches
- Yes No Diaphragm or intrauterine device
- Yes No Ortho devices (plates/screws/pins/rods/wires)
- Yes No Have you ever had a previous allergic reaction to gadolinium (MRI IV contrast)?
- Yes No Do you have a history of asthma or emphysema?

IV CONTRAST CONSENT

Patient's Name: _____

MRI examinations often require the use of Gadolinium to enhance the visibility of certain tissues and blood vessels. The contrast material is injected intravenously during your exam. Although gadolinium contrast agents have been used safely in millions of cases, minor reactions such as headache, nausea, vomiting, skin rash, hives occur in about 2% of patients, whereas serious or life threatening reactions are rare, but possible.

I attest that the answers I have provided to questions on this form are correct to the best of my knowledge. I have read and understand the entire contents of this form.

Signature _____ Date _____

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Technologist: _____

Contrast given: _____ Site: _____

Amount: _____ Needle gauge: _____

Contrast reaction: Yes No
If yes, Discharge instructions given: Yes No

Infiltrated: Yes No
If yes, Discharge instructions given: Yes No

Additional Comments: _____

