

## Magnetic Resonance Imaging (MRI) Screening Form for Parents

Form# 82058



The Magnetic Resonance (MR) system has a very strong magnetic field that may be hazardous to individuals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic, or mechanical implants, devices or objects. Therefore, all individuals are required to fill out this form BEFORE entering the MR environment or MR system room. Be advised, the MR system magnet is ALWAYS on.

**\*NOTE: If you are a patient preparing to undergo an MR examination, you are required to fill out a different form.**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Last

First

M.I.

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ Telephone (work): \_\_\_\_\_

1. Have you had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind?  Yes  No  
 If yes, please indicate the date and type of surgery:  
 Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of surgery \_\_\_\_\_
2. Have you had worked with metal or had an injury to the eye involving a metallic object (e.g., metallic slivers, foreign body)?  Yes  No  
 If yes, please describe: \_\_\_\_\_
3. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)?  Yes  No  
 If yes, please describe: \_\_\_\_\_
4. Are you pregnant or suspect that you are pregnant?  Yes  No



**WARNING: Certain implants, devices, or objects may be hazardous to you in the MR environment or MR system room. Do not enter the MR environment or MR system room if you have any question or concern regarding an implant, device or object.**

### Please indicate if you have any of the following:

- |  |                              |                             |  |                              |                             |
|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Aneurysm clip(s)                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Insulin or infusion pump                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cardiac pacemaker                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Implanted drug infusion device           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Implanted cardioverter defibrillator (ICD) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any type of prosthesis or implant        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Electronic implant or device               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Artificial or prosthetic limb            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Magnetically-activated implant or device   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any metallic fragment or foreign body    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Neurostimulation system                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any external or internal metallic object | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Spinal cord stimulator                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hearing aid                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cochlear implant or implanted hearing aid  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other implants/devices                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



Patient Name: \_\_\_\_\_

MRN: \_\_\_\_\_



**IMPORTANT INSTRUCTIONS:** Remove all metallic objects before entering the MR environment or MR system room including hearing aids, beeper, cell phone, keys, eyeglasses, hair pins, barrettes, jewelry (including body piercing jewelry), watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, steel-toed boots/shoes and tools. Loose metallic objects are especially prohibited in the MR system room and MR environment.

Please consult the MRI Technologist or Radiologist if you have any question or concern BEFORE you enter the MR system room.

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form.

Signature of Person Completing Form: \_\_\_\_\_

Print Name

a.m.  
p.m.

Signature

Date

Time

Form Information Reviewed By: \_\_\_\_\_

Print Name

a.m.  
p.m.

Signature

Date

Time