



MRI Pre-Imaging Screening Form

Division of Cleveland Clinic e-Radiology

Please print and use blue or black ink to complete this form. Bring the completed form to your Imaging appointment.

Date of Exam: _____

Patients Full Name: _____
Please Print

Prior legal name/alias: _____
Please Print

Patient date of birth: _____

Height _____ Weight _____ Sex _____

Have you ever worked in an environment where metal slivers could have penetrated or come into contact with your eyes or skin?

Yes No Unsure (Please circle.)

Have you undergone any of the following: (Please circle)

Back surgery	Yes	No	Unsure
Neck surgery	Yes	No	Unsure
Heart surgery	Yes	No	Unsure
Chest surgery	Yes	No	Unsure
Brain surgery	Yes	No	Unsure
Ear surgery	Yes	No	Unsure
Eye surgery	Yes	No	Unsure
Colonoscopy/Endoscopy	Yes	No	_____ (Date)

During the course of a surgery/medical procedure, has an implant ever been used? Yes No Unsure (Please circle)

Other Surgery: Date/Type

Have you previously had an MRI or CT scan performed?

Yes No Unsure (please circle)

Date and Body part:

Do you have any of the following? (Please circle.)

An incorrect answer may put you at risk of an injury.

Yes No Unsure	Pacemaker/Model: _____
Yes No Unsure	Aneurysm clips
Yes No Unsure	AAA Graft/Model: _____
Yes No Unsure	Implanted cardiac defibrillator
Yes No Unsure	Artificial heart valve
Yes No Unsure	Vena Cava Filter
Yes No Unsure	Electrodes
Yes No Unsure	Joint replacements
Yes No Unsure	Tattoos within the last 2 weeks
Yes No Unsure	Pregnant/Possibility of Pregnancy
Yes No Unsure	Currently breast feeding
Yes No Unsure	Shunts/Stents
Yes No Unsure	Bone or joint pins
Yes No Unsure	Fractured bones supported by metal Rods, plates, pins, screws, nails or clips
Yes No Unsure	Prosthesis
Yes No Unsure	Wire sutures
Yes No Unsure	Shrapnel / Bullet Fragments
Yes No Unsure	Allergy to iodine/x-ray dye
Yes No Unsure	Medicine patches/Insulin Pump/Glucose Monitor
Yes No Unsure	Wearing hearing Aids - Must remove prior to Entering the MRI Scanner Room
Yes No	History of fall in the last six months

If you have any jewelry on your feet or arms please remove. Please remove all metal objects and electronic devices from your pockets and your person (ex.: hearing aides, keys, wallet, cell phone) prior to entering the MRI scanner Room. OSS will not be responsible for items taken into the MRI Scanner Room.

MRI is simple, safe, and painless. However, because we use strong magnets during the procedure, metal objects in or on your body may pose a safety hazard to you or others in the MRI exam room, cause interference on the MRI images or heat up causing discomfort and possibly burns. Please carefully review the above information for accuracy and completeness.

I have reviewed the answers to the clinical screening questions above. They are true, correct, and complete to the best of my knowledge.

Patient/Guardian Signature

Date

Technologist Signature