



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

Please remove all jewelry, piercings, hair clips, pins, extensions, other objects and electronic devices from your body (ex: hearing aids, 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

Time out completed

Technologist Signature