WAKE FOREST BAPTIST IMAGING
PATIENT MRI SAFETY SCREENING FORM

Name _____ Weight _____

Date of Birth _____ Last menstrual period _____ N/A ☐

Please check any that apply:
Possibly pregnant? ☐ **Yes** Claustrophobic (afraid of closed in areas)? ☐ **Yes**
Have you **EVER** worked around metal grinding/filing or welding? ☐ **Yes**
Have you **EVER** had metal particles in your eyes? ☐ **Yes**

Please list any surgeries you have had

Please list any known allergies to latex, tape or drugs that you have: _____

Please list current medications: _____

Please describe why your doctor ordered this exam _____

_____

Do you have history of renal disease or dialysis?	☐ **No**	☐ **Yes**
Do you have history of High Blood Pressure?	☐ **No**	☐ **Yes**
Do you have history of diabetes?	☐ **No**	☐ **Yes**
Do you have Sickle Cell?	☐ **No**	☐ **Yes**
Do you have history of liver disease?	☐ **No**	☐ **Yes**
Do you have history of asthma?	☐ **No**	☐ **Yes**

The following items ***can*** interfere with MR imaging and ***can*** be hazardous to your safety. Please check appropriate items & notify the Technologist if you have any of the following:

_____ Cardiac pacemaker
_____ Cochlear implants
_____ Carotid clips
_____ Harrington rod
_____ Insulin pump
_____ Wire sutures
_____ Metal plates
_____ Medication patch
_____ Implant (please list type) _____
_____ Other (please list) _____

_____ Hearing aids
_____ Aortic clips
_____ Joint replacements
_____ Heart valve replacements
_____ Prosthesis
_____ Metal mesh
_____ Dental/teeth work with magnets
_____ Therapeutic Magnets or screws, nails or metal rods

_____ Brain clips
_____ Shunts
_____ Neurostimulators (Tens)
_____ Bone stimulator
_____ Bone or joint pins
_____ Electrodes
_____ Shrapnel or Bullets/BBs

DO NOT ENTER THE SCANNING ROOM WITH ANY OF THE FOLLOWING ITEMS:
Hearing aids, Magnetic strip cards (credit cards, bank cards), Jewelry, Hairpins/barrettes, Glasses, Watch, Wallet/Money Clip, Pocketknife, Safety pins, Pens/pencils, Phone/pager, Keys Coins ***Lockers will be provided***

I have reviewed and confirmed that the above information is complete to the best of my knowledge:

Pt. Signature _____ **Date** _____

MRI Technologist has interviewed patient: _____ Tech
IV angiocath started: _____ Tech