



### MRI Safety Form

MRI is simple, safe and painless. However, because we use a strong magnet during the procedure, metal objects in your body may be hazardous or cause interference. Please provide us with important information before entering the MRI department.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Have you ever had an MRI? .....  Yes  No      Date of Last MRI: \_\_\_\_\_  
Have you ever had Surgery? .....  Yes  No      If yes, please list all procedures and dates: \_\_\_\_\_

Is patient claustrophobic? .....  Yes  No  
If yes, patient needs to be pre-medicated and have a driver for the exam.

Do you have any of the following items in or on your body:

- |  |  |
|--|--|
| Coronary Artery Clip ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                          | Any Skin Patches ..... <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| Pacemaker ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                     | Implanted Electrical Device ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ear/Cochlear Implant ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                          | Neurostimulators ..... <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| Brain Aneurysm Clips ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                          | Stents ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                      |
| Metal in Eyes-Past or Present ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                 | Tissue Expander ..... <input type="checkbox"/> Yes <input type="checkbox"/> No             |
| Artificial Heart Valves (Need Patient's Card) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

Do you have any history of cancer, past or present? .....  Yes  No  
Do you have any allergies to medication or contrast (IVP, Dye, Gadolinium)? .....  Yes  No  
If yes, please list \_\_\_\_\_

Do you have any metal surgically implanted in your body or attached to the outer part of  
Your body (hearing aids, body piercings, prosthetics, hair pins, firearms)? .....  Yes  No  
If yes, please list. \_\_\_\_\_

<b>Female Patients:</b> Is there any possibility that you could be pregnant or breast-feeding? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have an IUD in place? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
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This procedure may require injection of an intravenous contrast material called Gadolinium. This is used to make certain organs visible during your MRI exam. Some, but not all, of the reported side effects, which occur in less than 1% of patients include: nausea, hypotension, vomiting, flushed feeling, pain at injection site, cough, headache, chest pain, itching, hives, seizure, shortness of breath, or rash.

I have read the above information and give my consent to have the MRI examination, and my questions have been answered.

Signed: \_\_\_\_\_  
Patient/Authorized Person to Consent for Patient

Witnessed: \_\_\_\_\_

Relationship, If Not Patient: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. / p.m.