



**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: \_\_\_\_\_ Height: \_\_\_\_\_

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, patients need 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 .....  Yes  No      Any Skin Patches .....  Yes  No  
Pacemaker .....  Yes  No      Implanted Electrical Devices .....  Yes  No  
Ear/Cochlear Implant .....  Yes  No      Neurostimulators .....  Yes  No  
Brain Aneurysm Clips .....  Yes  No      Stents, shunts, filters .....  Yes  No  
Metal in Eyes-Past or Present .....  Yes  No      Do you have any tattoos? .....  Yes  No  
Orbit x-rays before .....  Yes  No  
Artificial Heart Valves (Need Patient's Card) .....  Yes  No  
Do you personally 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 piercing, prosthetics, hair pins, firearms)? .....  Yes  No  
If yes, please list \_\_\_\_\_

**Are you diabetic?**  Yes  No      **Do you have high blood pressure?**  Yes  No  
**Do you have multiple myeloma?**  Yes  No      **Do you have liver disease (transplant)?**  Yes  No  
**Do you have any problems with your kidneys (failure, transplant, cancer, one kidney)?**  Yes  No  
**If yes, please explain** \_\_\_\_\_

**Female Patients:**

Is there any possibility that you could be pregnant or breast-feeding? .....  Yes  No  
Do you have an IUD? .....  Yes  No  
Do you have any permanent makeup? .....  Yes  No

This procedure may require an 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, rash or NSF (nephrogenic systemic fibrosis) which is a renal complication from MRI contrast injections.

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.