INHEALTH IMAGING

MRI is usually a very safe medical procedure, however, MRI employs a strong magnet that can move metallic objects within patients. Such movement of metallic objects can have serious consequences for the patient. Please complete this screening form thoroughly to determine if it is safe for you to have an MRI.

Yes	No		
_____	_____	Cardiac Pacemaker or Defibrillator?	_____
_____	_____	Brain or Brain Aneurysm Surgery?	_____
_____	_____	Coronary Artery Bypass/Heart Valve/Stent?	_____
_____	_____	Ear Surgery?	_____
_____	_____	Ear Implant?	_____
_____	_____	Eye Surgery?	_____
_____	_____	Eye Implant?	_____
_____	_____	Metal Fragments in your eyes (at any time in your life)?	_____
_____	_____	Metal Implants?	_____
_____	_____	Bullets, BBs, or Pellets?	_____
_____	_____	Pins, Plates, Screws, Clips, Mesh Implants, Filters?	_____
_____	_____	Catheters or Tubes?	_____
_____	_____	Neurostimulator (Tens Unit) or Electrode Implants?	_____
_____	_____	Shunt (Spinal/Ventricular)?	_____
_____	_____	Implanted Medication Pump?	_____
_____	_____	Hearing Aid?	_____
_____	_____	Pregnant or Suspect Pregnancy?	_____
_____	_____	Breast Feeding?	_____
_____	_____	Diaphragm or Intrauterine Device?	_____
_____	_____	Penile Implant?	_____
_____	_____	Body Piercing?	_____
_____	_____	Tattoo Eyeliner or other decorative tattooing?	_____
_____	_____	False Teeth, Retainers, Magnetic Implants or Metal Braces?	_____
_____	_____	Blood/Kidney/Liver/Respiratory Disorders?	_____
_____	_____	Allergies to any drug?	_____
_____	_____	Have you ever had a previous allergic reaction to contrast material?	_____
_____	_____	Do you have a history of Asthma or Emphysema?	_____
_____	_____	Do you have a history of cancer?	_____
_____	_____	Surgery in the last 6 weeks?	_____

Have you ever had any surgical procedures done? If so, please list them below:

_____

_____

All medical procedures carry an element of risk and MRI is no exception. The use of contrast material may provide additional information to evaluate your condition and improve the quality of your examination. The most common adverse experience noted by patients receiving contrast is headache and nausea. Additional adverse events occur in less than 1% of patients. Your physician has considered the risks before recommending this exam and believes the diagnostic benefits outweigh the minimal risks suggested.

I HAVE READ THE ABOVE AN GIVE MY CONSENT TO THE PERFORMANCE OF THE MRI PROCEDURE ORDERED, INCLUDING THE ADMINISTRATION OF CONTRAST MATERIAL IF INDICATED.

PATIENT NAME (*Please Print*) _____

SIGNATURE OF PATIENT/GUARDIAN _____

PATIENT UNABLE TO SIGN DUE TO _____

PERSON COMPLETING THE FORM _____ RELATIONSHIP _____

	Yes	No	Explanation
Did you have an injury? How? When?			
Was the injury related to a fall?			
Do you have pain?			
If yes, where? In front, back, the side or all over?			
Is there swelling?			
Does rest, physical therapy, or medication help with your pain?			
Is there any numbness or tingling?			
Does the joint pop?			
Has your range of motion decreased?			
Has the joint ever dislocated?			
Do you have a lump that you can feel?			
Do you have arthritis? Type?			
Has your physician done any injections?			
Have you ever had surgery on the area? Type? When?			

If you have had any type of medical imaging of the area, please indicate below which exams have already been performed:

☐ X-rays ☐ CT ☐ Nuclear Medicine ☐ Ultrasound ☐ MRI