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 ______ Hearing aids ______ Brain clips
______ Cochlear implants ______ Aortic clips ______ Shunts
______ Carotid clips ______ Joint replacements ______ Neurostimulators (Tens)
______ Harrington rod ______ Heart valve replacements ______ Bone stimulator
______ Insulin pump ______ Prosthesis ______ Bone or joint pins
______ Wire sutures ______ Metal mesh ______ Electrodes
______ Metal plates ______ Dental/teeth work with magnets ______ Shrapnel or Bullets/BBs
______ Medication patch ______ Therapeutic Magnets or screws, nails or metal rods
______ Implant (please list type) ________________________
______ Other (please list) ________________________

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