STAR IMAGING

MRI SCREENING FORM

TO OUR PATIENTS AND ACCOMPANING FAMILY MEMBERS….
The MRI contains a very strong magnet. Before entering, we must know if there is any metal in your body.
Some metal objects can interfere with your scan or be Dangerous, so PLEASE answer the following questions carefully.
FOR ANY ELECTRONIC/MECHANICAL INTERNALLY IMPLANTED DEVICE, YOU MUST PROSENT AN ID CARD FOR THE DEVICE.

Name: _____ **Date of Birth:** _____ **Current weight***(required for MRI Safety protocols)* _____

Please list any surgeries you have had:	Please list any allergies you have?

☐	Yes	☐	No	Do you have an implanted Pacemaker, Wires, or Defibrillator
☐	Yes	☐	No	Have you ever been a machinist, welder, or metal worker?
☐	Yes	☐	No	Do you have any metal objects inside your body?
☐	Yes	☐	No	Have you ever had a piece of metal removed from your eye?
☐	Yes	☐	No	Are you pregnant, possibly pregnant, or breast feeding?

DO YOU HAVE ANY OF THESE ITEMS IN YOUR BODY?

☐	Yes	☐	No	Body piercing
☐	Yes	☐	No	Brain aneurysm clip
☐	Yes	☐	No	Ear implant – hearing aid
☐	Yes	☐	No	Eye implant
☐	Yes	☐	No	Electrical stimulator for nerves or bone
☐	Yes	☐	No	Magnetic implant anywhere
☐	Yes	☐	No	Pain/Infusion pump
☐	Yes	☐	No	Coil, Filter, Shunt, or Wire in blood vessel
☐	Yes	☐	No	Prosthetic or Artificial limb or joint
☐	Yes	☐	No	Tattoo or permanent makeup
☐	Yes	☐	No	Implanted catheter or tube
☐	Yes	☐	No	Artificial heart valve
☐	Yes	☐	No	Penile prosthesis
☐	Yes	☐	No	Heart Stent

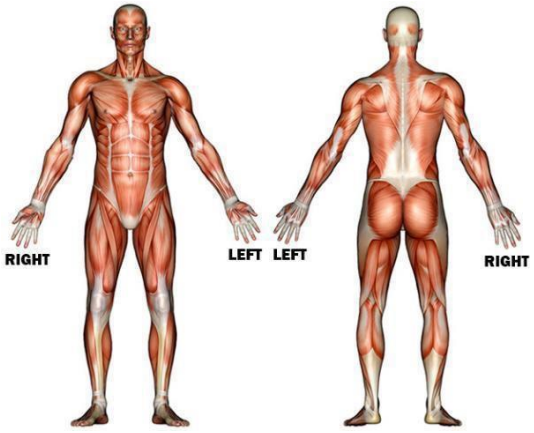
IF YES, when was it put in:_____

☐	Yes	☐	No	False teeth, retainers, or magnetic braces, dental implants
☐	Yes	☐	No	Surgical clips, staples, wires, mesh, or stitches
☐	Yes	☐	No	Diaphragm or intrauterine device
☐	Yes	☐	No	Ortho devices (plates/screws/pins/rods/wires)

The following items may become damaged or cause injury to others in a strong magnetic field. THEY MUST NOT BE TAKEN INTO THE SCAN ROOM.

☐	Hearing Aid	☐	Purse/Pocketbook
☐	Glasses	☐	Pens/pencils
☐	Watch	☐	Keys
☐	Safety Pins	☐	Coins
☐	Wigs/hairpieces	☐	Credit or bank cards
☐	Jewelry	☐	Belt buckle
☐	Wallet/money clip	☐	Bra/girdle
☐	Metal zippers/buttons	☐	Suspenders

MARK THE LOCATION OF ANY METAL INSIDE YOUR BODY ON DRAWING



I attest that the answers I have provided to questions on this form are correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form.

_____ Signature (Parent or Guardian)

_____ Date

FOR TECHNOLOGIST USE ONLY

Reason for exam: _____

_____

Technologist: _____ **Date:** _____