



Brain & Spine MRI Center

128 Lilly Rd NE Suite 101, Olympia WA 98506

PATIENT MRI SCREENING FORM

Name: _____ D.O.B: _____ Date: _____

Wt: _____ Ht: _____

MRI scans are done with a High Powered Magnetic Field, Please circle Yes or No to these questions for your safety and quality of your MRI Scan. If you don't understand a question please ask the MRI staff for assistance.

- | | | |
|---|-----|----|
| 1. Do you have a <i>Pacemaker, Defibrillator, implanted heart valves</i> | YES | NO |
| 2. Brain Aneurysm Clips or Coils | YES | NO |
| 3. Have you ever had metal fragments in eyes or body (shrapnel)? | YES | NO |
| 4. Do you have an Insulin pump or programmable implanted device? | YES | NO |
| 5. Have you had inner ear surgery, implanted hearing device? | YES | NO |
| 6. Body Piercings, Tattooed eyeliner | YES | NO |
| 7. Any metal joints or extremities, pins, screws, wires? | YES | NO |
| 8. Artificial heart valves or implanted heart stents? | YES | NO |
| 9. Any removable metal dental work, dentures, partials? | YES | NO |
| 10. Foil backed medicine patches (Transdermal) | YES | NO |
| 11. Surgically implanted or patch type Nerve Stimulators | YES | NO |
| 12. Have taken a PillCam/Endoscopic Pill Camera recently?
If yes, within last 30 days please call 360-464-6030 | YES | NO |
| 13. Hearing aids (Remove prior to exam) | YES | NO |
| 14. Are you Claustrophobic or have a history of Panic attacks? | YES | NO |
| 15. Do you have kidney disease? | YES | NO |
| 16. Do you have an IUD or Pessary w/ metal? | YES | NO |
| 17. Is there a chance you may be Pregnant or are you breastfeeding? | YES | NO |

****If there is any other *item, device or question* you may have please describe below:**

Please remove: Jewelry, watches, body piercings, hearing aids, belts or any removable device that is metal or electronic prior to having your MRI scan. If you have any questions please ask the MRI staff.

I certify that I have read and understood the questions asked in this questionnaire and that the above responses are correct to the best of my knowledge. I understand that it is my responsibility to inform the MRI staff of any metal fragments and/or devices that may be in my body and that by failing to do so may cause serious bodily injury or be life threatening. I agree that should I have any metal in my body and, after consultation with the physician, elect to proceed with the MRI, I agree to release OBS MRI center from any and all liability for any injury.

Patient or legal Representative Signature

Date