

MRI Safety Checklist and Patient Consent Form

Magnetic Resonance Imaging (MRI) provides your doctor with the latest technology available for imaging soft tissue of the body. MRI Utilizes a strong magnetic field and radio frequencies, both of which have, as of yet, not proven to exhibit any long-term effects. Patients with cardiac pacemakers cannot undergo an MRI. Patients who have had surgery to implant other metal devices in the body may be able to safely have an MRI if they do not have ferromagnetic devices placed at critical locations. Patients exposed to metal grinding may have metal in their eyes. An X-ray may be necessary to detect the location of metal objects in the body. Special attention must be given to possible magnetic sensitive devices that may be placed within the body.

Patient Weight: _____

Patient Height: _____

Please answer the following questions.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have a pacemaker?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have metal aneurysm clips?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have any type of patch on your body?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been a welder, grinder or sheet metal worker? *(Radiology clearance: _____)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had head, eye, ear or heart surgery?
If yes, please describe _____ _____		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any previous spinal surgery?
If yes, please describe when and where _____ _____		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you claustrophobic?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have a history of asthma?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you using inhalers or oxygen?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you having an arthrogram done today?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you pregnant or is there a chance that you could be pregnant?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you breast-feeding?

Please place a check mark by the following items that apply to you.

<input type="checkbox"/>	Aortic or vascular clips	<input type="checkbox"/>	Hearing aids
<input type="checkbox"/>	Artificial heart valve	<input type="checkbox"/>	Inner ear surgery
<input type="checkbox"/>	Artificial eye or limb	<input type="checkbox"/>	Insulin pump
<input type="checkbox"/>	Brain surgery	<input type="checkbox"/>	Metal rods or plates
<input type="checkbox"/>	Bone, joint, pin replacement	<input type="checkbox"/>	Neurostimulators
<input type="checkbox"/>	Bridge work, dentures or partial plates	<input type="checkbox"/>	Permanent cosmetic eye lining or Tatoos
<input type="checkbox"/>	Carotid clips	<input type="checkbox"/>	Pins or screws
<input type="checkbox"/>	Cochlear implants	<input type="checkbox"/>	Prosthesis
<input type="checkbox"/>	Ear shunts	<input type="checkbox"/>	TENS unit
<input type="checkbox"/>	Electronic monitoring devices	<input type="checkbox"/>	Wire mesh, wire sutures, staples
<input type="checkbox"/>	Harrington rods	<input type="checkbox"/>	Implanted medication pumps

I have reviewed the above list and have informed the staff of NWDC Diagnostic Imaging of any possible metal within my body. I understand the risks and hazards associated with inaccurate information. The MRI exam may require an intravenous injection of contrast or medication. The introduction of contrast or drugs into the body, rarely cause mild to severe reaction. Your signature indicates that you understand the above mentioned information and all your questions have been accurately answered and that you are giving our facility consent to perform an MRI exam, including the possible injection of a consent agent and/or medication as deemed necessary by the radiologist.

Patient Signature: _____ **Date:** _____

Technologist Signature: _____ **Date:** _____

MRI Tech Information: Technologist _____

Injection Site _____ Medication _____ Volume _____

Site: WNL _____ Other _____ Comments: _____

Technologist Signature: _____ **Date:** _____