

## MAGNETIC RESONANCE (MR) ENVIRONMENT SCREENING FORM FOR INDIVIDUALS



**WARNING:** The MR system has a very strong magnetic field that may be hazardous to individuals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic, or mechanical implants, devices or objects. Therefore, all individuals are required to fill out this form BEFORE entering the MR environment or MR system room. Be advised, the MR system magnet is ALWAYS on.

\*NOTE: If you are a patient preparing to undergo an MR examination, you are required to fill out a different form.

Date:	Name:	Age:
Address:		Telephone (home)
City:	Telephone (fax)	
State:	Zip:	

1. Have you had prior surgery or an operation (e.g. arthroscopy, endoscopy, etc.) of any kind?	( ) No ( ) Yes
If yes, please indicate date and type of surgery: Type of Surgery: _____ Date: _____	
2. Have you had an injury to the eye involving a metallic object (e.g. metallic slivers, foreign)?	( ) No ( ) Yes
If yes, please describe: _____	
3. Have you ever been injured by a metallic object or foreign body (e.g. BB, bullet, shrapnel, etc.)?	( ) No ( ) Yes
If yes, please describe: _____	
4. Are you pregnant or suspect that you are pregnant?	( ) No ( ) Yes



**WARNING:** Certain implants, devices, or objects may be hazardous to you in the MR environment or MR system room. Do not enter the MR environment or MR system room if you have any question or concern regarding an implant, device, or object.

Please indicate if you have any of the following:	
( ) Yes ( ) No Aneurysm clip(s)	( ) Yes ( ) No Neurostimulation system
( ) Yes ( ) No Cardiac pacemaker	( ) Yes ( ) No Spinal cord stimulator
( ) Yes ( ) No Implanted cardioverter defibrillator (ICD)	( ) Yes ( ) No Cochlear implant or implanted hearing aid
( ) Yes ( ) No Electronic implant or device	( ) Yes ( ) No Insulin or infusion pump
( ) Yes ( ) No Magnetically-activated implant or device	<b>IMPORTANT INSTRUCTIONS</b> Remove all metallic objects before entering the MR environment or MR system room including hearing aids, beeper, cell phone, keys, eyeglasses, hair pins, barrettes, jewelry (including body piercing jewelry), watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, steel-toed boots/shoes, and tools. Loose metallic objects are especially prohibited in the MR system room and MR environment.  Please consult the MRI Technologist or Radiologist if you have any question or concern BEFORE you enter the MR system room.
( ) Yes ( ) No Implanted drug infusion device	
( ) Yes ( ) No Any type of prosthesis or implant	
( ) Yes ( ) No Artificial or prosthetic limb	
( ) Yes ( ) No Any metallic fragment or foreign body	
( ) Yes ( ) No Any external or internal metallic object	
( ) Yes ( ) No Hearing aid	
( ) Yes ( ) No Other implant	
( ) Yes ( ) No Other device	

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.

Signature of Person Completing Form: _____	Date: _____
Form Completed By: ( ) Patient ( ) Relative _____ Print Name and Relationship to Patient	
Form Information Reviewed By: _____ Print Name Signature	
( ) MRI Technologist ( ) Radiologist ( ) Other:	