Teton Radiology *advanced medical imaging*

2001 S. Woodruff, Suite 17, Idaho Falls, ID 83404 • tel (208) 524-7237   425 E. 4th N., Rexburg, ID 83440 • tel (208) 356-4888

Magnetic Resonance Procedure Screening

Patient name		Date
Date of birth	Weight	Medical Record Number

☐ Yes ☐ No Have you had prior surgery and/or operation (e.g., arthroscopy, endoscopy, etc.) of any kind?

If yes, please indicate the date and type of surgery: ____

____

____

____

☐ Yes ☐ No Have you had a prior diagnostic imaging study or examination (MRI, CT, Ultrasound, X-ray etc.)?

If yes, please list	Body Part	Date	Facility
MRI			
CT/CAT scan			
X-Ray			
Ultrasound			
Other:			

☐ Yes ☐ No Have you experienced any problems related to a previous MRI examination or MR procedure?

If yes, please describe: ____

☐ Yes ☐ No Have you had an injury to the eye involving a metallic object or fragment (e.g., metallic slivers, shavings, foreign body, etc.)?

If yes, please describe: ____

☐ Yes ☐ No Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)?

If yes, please describe: ____

☐ Yes ☐ No Are you currently taking or have you recently taken any medication or drug?

If yes, please list: ____

☐ Yes ☐ No Are you allergic to any medication?

If yes, please list: ____

☐ Yes ☐ No Do you have a history of asthma, allergic reaction, respiratory disease, or reaction to a contrast medium or dye used for an MRI, CT, or X-ray examination?

☐ Yes ☐ No Do you have anemia or any disease(s) that affects your blood, a history of renal (kidney) disease, or seizures?

If yes, please describe: ____

For women only …

☐ Yes ☐ No Post menopausal/Hysterectomy? Date of last menstrual period: ____________________________

☐ Yes ☐ No Are you pregnant or experiencing a late menstrual period?

☐ Yes ☐ No Are you taking oral contraceptives or receiving hormonal treatment?

☐ Yes ☐ No Are you taking any type of fertility medication or having fertility treatments?

If yes, please describe: ____

☐ Yes ☐ No Are you currently breastfeeding?

I attest that the above information is correct to the best of my knowledge and understand the information presented to me.

Initials: Date:

Teton Radiology *advanced medical imaging*
2001 S. Woodruff, Suite 17, Idaho Falls, ID 83404 • tel (208) 524-7237 425 E. 4th N., Rexburg, ID 83440 • tel (208) 356-4888

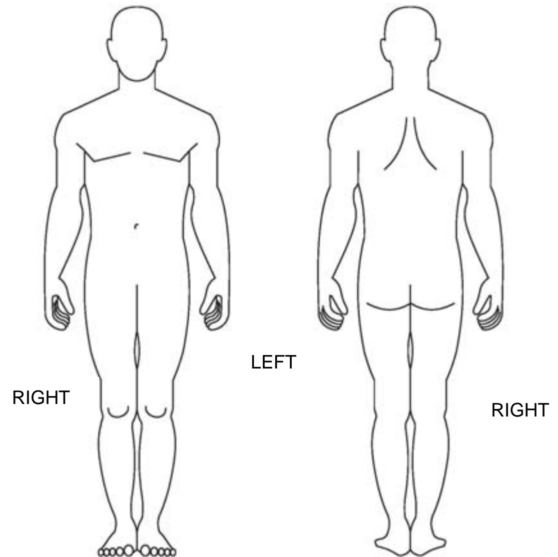
Magnetic Resonance Procedure Screening

WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure. DO NOT ENTER the MR system room or MR environment if you have any questions or concern regarding an implant, device, or object. Consult the MRI Technologist or Radiologist BEFORE entering the MR system room. ***THE MR SYSTEM MAGNET IS ALWAYS ON.***

Please indicate if you have any of the following:

- ☐ Yes ☐ No Aneurysm clip(s)
- ☐ Yes ☐ No Cardiac pacemaker
- ☐ Yes ☐ No Implanted cardioverter defibrillator (ICD)
- ☐ Yes ☐ No Electronic implant or device
- ☐ Yes ☐ No Magnetically-activated implant or device
- ☐ Yes ☐ No Neurostimulation system
- ☐ Yes ☐ No Spinal cord stimulator
- ☐ Yes ☐ No Internal electrodes or wires
- ☐ Yes ☐ No Bone growth/bone fusion stimulator
- ☐ Yes ☐ No Cochlear, otologic, or other ear implant
- ☐ Yes ☐ No Insulin or other infusion pump
- ☐ Yes ☐ No Implanted drug infusion device
- ☐ Yes ☐ No Any type of prosthesis (eye, penile, etc.)
- ☐ Yes ☐ No Heart valve prosthesis
- ☐ Yes ☐ No Eyelid spring or wire
- ☐ Yes ☐ No Artificial or prosthetic limb
- ☐ Yes ☐ No Metallic stent, filter, or coil
- ☐ Yes ☐ No Shunt (spinal or intraventricular)
- ☐ Yes ☐ No Vascular access port and/or catheter
- ☐ Yes ☐ No Radiation seeds or implants
- ☐ Yes ☐ No Swan-Ganz or thermodilution catheter
- ☐ Yes ☐ No Medication patch (Nicotine, Nitroglycerine)
- ☐ Yes ☐ No Any metallic fragment or foreign body
- ☐ Yes ☐ No Wire mesh implant
- ☐ Yes ☐ No Tissue expander (e.g., breast)
- ☐ Yes ☐ No Surgical staples, clips, or metallic sutures
- ☐ Yes ☐ No Joint replacement (hip, knee, etc.)
- ☐ Yes ☐ No Bone/joint pin, screw, nail, wire, plate, etc.
- ☐ Yes ☐ No IUD, diaphragm, or pessary
- ☐ Yes ☐ No Dentures or partial plates
- ☐ Yes ☐ No Tattoo or permanent makeup
- ☐ Yes ☐ No Body piercing jewelry
- ☐ Yes ☐ No Hearing aid (remove before entering MR system room)
- ☐ Yes ☐ No Other implant ______________________________
- ☐ Yes ☐ No Breathing problem or motion disorder
- ☐ Yes ☐ No Claustrophobia

Please mark on the figure(s) below the location of any implant or metal inside of or on your body.



I attest that the above information is correct to the best of my knowledge and understand the information presented to me.

Initial: Date:

Teton Radiology *advanced medical imaging*

2001 S. Woodruff, Suite 17, Idaho Falls, ID 83404 • tel (208) 524-7237 425 E. 4th N., Rexburg, ID 83440 • tel (208) 356-4888

Magnetic Resonance Procedure Screening

IMPORTANT INSTRUCTIONS

Before entering the MR environment or MR system room, you must ***remove ALL metallic objects*** including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clippers, tools, clothing with metal fasteners, and clothing with metallic threads.

MRI is usually avoided during the first trimester of pregnancy.

If you have a pacemaker, neurostimulator, aneurysm clips, hearing aids, insulin pump, inner ear implants, ***PLEASE STOP NOW*** and inform the Radiology personnel immediately.

Please consult the MRI Technologist or Radiologist if you have any questions or concerns BEFORE you enter the MR system room.

NOTE: *You may be advised or required to wear earplugs or other hearing protection during the MR procedure to prevent possible problems or hazards related to acoustic noise.*

CONTRAST AGENT INFORMATION

As part of the MRI examination, if your referring physician and the radiologist deem it advisable, you may be given an intravenous injection of gadolinium, a contrast agent used in MRI. This injection increases the accuracy of the scan to better diagnose your condition. Gadolinium contrast agents have been used safely in millions of cases, but minor reactions (headaches, nausea, or itchiness) occur in about 2% of patients and rare life-threatening reactions have been reported.

Breast feeding mothers: There is a very small percentage of contrasted material that is excreted into the breast milk and absorbed by the infant. Available data suggest it is safe to continue breast-feeding. However if you are concerned, you may abstain from breast feeding for 12 to 24 hours (express and discard breast milk).

Initials:

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	Print name	Date
Form completed by: ☐ Patient ☐ Relative ☐ Nurse	Relationship to patient	