



Deaconess Health System

MRI and MRA SAFETY QUESTIONNAIRE

Deaconess Hospital Radiology Deaconess Gateway Hospital Radiology Midwest Radiology

Patient's Name: _____

Patient's Date of Birth: _____

The Doctor who sent you to us for this exam: _____

Patient's Height: _____

Patient's Weight: _____

Date and the time of your MRI appointment: _____

The MRI Scan Room contains a VERY strong magnet. For your safety, we must ask some very important questions before allowing you into the scan room. Please answer these questions carefully and let us know if you have any questions or concerns.

Today's MRI exam will be on your:

Brain and/or Head _____

Back or Spine (specify the area):

Cervical spine (neck/upper back)

Thoracic spine (middle back)

Lumbar spine (low back)

Extremity (right knee, left shoulder, etc.) _____

Abdomen _____

Other _____

Have you ever had an MRI or an MRA before?
 IF YES: When? _____
 Where? _____

Have you had a CT scan related to today's MRI?
 IF YES: When? _____
 Where? _____

If today's MRI is on your spine (neck or back), please answer this:

Have you ever had surgery on your spine? Yes No
 If yes, please specify what type of surgery:
 Neck/Upper Back _____ Mid Back _____ Low Back _____

Please place a check in the yes or no box for each question below.

	Yes	No		Yes	No
Have you ever had surgery on your brain ?			Dentures or Partial Plates*?		
Anything Implanted in your brain?			*Are they held in by a Magnet ?		
Aneurysm clips in your Brain or Abdomen ?			Any Hearing Aids today?		
Have you ever had surgery on your heart ?			Any metal in your hair?		
Are there any stents , valves or shunts in your body?			Do you have any Piercings or Tattoos?		
Ever had a pacemaker or defibrillator in your body / brain?			Are you Pregnant ?		
Have you ever had surgery on your inner ear ?			Are you Breastfeeding ?		
Are there any medical devices implanted in either ear ?			Are you wearing any Medication Patches (for pain, smoking, etc.)?		
Any pain pumps or insulin pumps in your body?					
Any stimulators , coils , filters or ports in your body?			Have you had any Surgery in past 8 weeks?		
Have you ever been diagnosed with high blood pressure ?			Have you had any surgery on your eyes ?		
Have you ever been diagnosed with Diabetes ?			Are you Claustrophobic ?		
Do you have liver disease or a liver transplant ?			Have you ever had cancer ?		
Do you have kidney disease or ever had kidney failure ?			Would you like your results to be sent to any other doctors?		
Are you currently on kidney dialysis ?			Who? _____		
Is there anything implanted inside your body? <i>Example may include: joint, pin, screw, plate, rod, cage, wire, lens implant, clip, penile implant, IUD, staple, mesh, bullet, BB, shrapnel</i>			Do you have any temporary hair dye in your hair presently?		
Have you ever had metal in your eyes from welding, grinding, sheet metal work or sharpening lawn mower blades?			Do you have any Retained pacing wires		

 Patient or Representative

 Technologist

 Date