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MRI SAFETY SCREENING QUESTIONNAIRE

Please indicate if you have any of the following:

Aneurysm clip(s)	Yes	No	Injury to eye involving metal or shavings	Yes	No
Previous or current Cardiac Pacemaker	Yes	No	Metallic stent, filter or coil	Yes	No
Implanted cardioverter defibrillator (ICD)	Yes	No	Shunt (spinal or intraventricular)	Yes	No
Electronic implant or device	Yes	No	Vascular access port and/or catheter	Yes	No
Magnetically-activated implant or device	Yes	No	Radiation seeds or implants	Yes	No
Neurostimulation system	Yes	No	Swan-Ganz or thermodilution catheter	Yes	No
Spinal Cord Stimulator	Yes	No	Wire mesh implant	Yes	No
Internal electrodes or wires	Yes	No	Tissue expander (e.g. breast)	Yes	No
Bone growth/bone fusion stimulator	Yes	No	Surgical staples, clips, or metallic suture	Yes	No
Cochlear, otology, or other ear implant	Yes	No	Joint replacement (hip, knee, etc.)	Yes	No
Insulin or other infusion pumps	Yes	No	Bone/joint pin, screw, nail, wire, plate	Yes	No
Implanted drug infusion device	Yes	No	Any metallic fragment or foreign body	Yes	No
Artificial or prosthetic limb	Yes	No	Dentures or partial plates	Yes	No
Any type of prosthesis (eye, penile, etc)	Yes	No	Tattoo or permanent make-up	Yes	No
Diaphragm/IUD/Pessary	Yes	No	Magnetic eyelash extensions	Yes	No
Heart valve prosthesis	Yes	No	Magnetic hair extensions	Yes	No
Eyelid spring or wire	Yes	No	Body piercing jewelry	Yes	No
Eye Surgery/implants	Yes	No	Other Implants _____	Yes	No

Important: If you circled “Yes” to any of the above questions, Treasure Valley Hospital needs to see an Implant Card, Device MRI Safety Card or Surgical Report that you should have received at the time of your implant surgery. This document is important to ensure you can safely go into the magnetic field.

Important Instructions: Before entering the MRI Suite, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beepers, cell phone, eye glasses, hair pin, barrettes, jewelry, body piercing, watch (other than digital), safety clip, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools.

PLEASE CONSULT THE MRI TECHNOLOGIST IF YOU HAVE ANY QUESTIONS OR CONCERNS *BEFORE* YOU ENTER THE MRI ROOM.

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 the form _____ **Form Information Reviewed by:** _____ **Date:** ____/____/____

Classified as Confidential