Boulder MRI, Suite 105, 1000 W South Boulder Rd, Lafayette, CO 80026

Screening Form

Name:	DOB:	Height/Weight:	Gender: □ M □ F
Describe symptoms you are experiencing:			
MRI TECHNOLOGIST CLINICAL NOTES (Patient to leave completely blank):			
Have you had surgery on the body part we are scanning? **Y** □ **N** □	**If yes, please describe:**	Date of surgery:	
Have you had a prior imaging study related to the scan you are having today? **Y**□ **N**□	**If yes, please describe:** □ **MRI** □ **CT** □ **X-ray**	Facility:	
Have you ever been injured by a metallic object or foreign body (bullet, shrapnel, BB) or have had an injury to your eye involving a metallic object or fragment from grinding metal or welding (metallic slivers or shavings)? **Y** □ **N** □	**If yes, please describe:**		
Facility & Radiologist clearing orbital x-ray(s):	Date:		
Do you have a history of asthma, respiratory disease, latex allergies, or an allergic reaction to a contrast medium used for an MRI, CT, or X-ray exam? **Y** □ **N** □	**If yes, please describe:**		
Do you have any history of diabetes, cancer, or seizures? **Y** □ **N** □	**If yes, please describe:**		
Are you claustrophobic? **Y** □ **N** □	Medication type:	*Time medication was taken:*	
Are you taking medication to help you for this exam? **Y** □ **N** □	Medication amount:	_________:________ □ *AM* □ *PM*	
Any chance you could be pregnant? **Y** □ **N** □	Are you breastfeeding? **Y**□ **N**□		

Item			Item		
Brain aneurysm clip(s)	**Y** □	**N** □	Intra-uterine device (IUD), diaphragm, or pessary	**Y** □	**N** □
Cardiac pacemaker or implanted cartioverter defibillator	**Y** □	**N** □	Medication patch (Nicotine, Nitroglycerine)	**Y** □	**N** □
Magnetically-activated or Electronic implanted device	**Y** □	**N** □	Dentures or partial plates	**Y** □	**N** □
Cochlear, otologic, or other ear implants	**Y** □	**N** □	Radiation seeds or implants	**Y** □	**N** □
External hearing aids (Remove before entering MRI room)	**Y** □	**N** □	Metallic cervical fixation device	**Y** □	**N** □
Neurostimulation system or spinal cord stimulator	**Y** □	**N** □	Heart valve prosthesis, Swan-Ganz catheter, or thermodilution catheter	**Y** □	**N** □
Bone growth/bone fusion stimulator	**Y** □	**N** □	Surgical clips, staples, or metallic sutures	**Y** □	**N** □
Implanted insulin pump	**Y** □	**N** □	Implanted Orthopedic pins, screws, nails, clips, wires, plates etc.	**Y** □	**N** □
Metallic stents, shunts (spinal or intraventricular), filters, coils, etc.	**Y** □	**N** □	Joint replacement (hip, knee, etc.)	**Y** □	**N** □
Eyelid spring or wire	**Y** □	**N** □	Artificial or prosthetic limbs of any type (including eye, penile, etc.)	**Y** □	**N** □
Tissue expander (e.g., breast)	**Y** □	**N** □	Tattooed eyeliner or permanent makeup	**Y** □	**N** □
Internal electrodes/ or pacing wires	**Y** □	**N** □	Body piercing jewelry	**Y** □	**N** □

☐ **I attest that this information is correct to the best of my knowledge.**

☐ **I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form.**

Signature of Person Completing Form:	**Date:**
Signature of MRI Technologist:	**Date:**

Important information regarding MRI Safety - 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 is ALWAYS on. 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, liter, nail clipper, tools, clothing with metal fasteners & clothing with metallic threads. You will be required to wear earplugs or other hearing protection during the MR procedure to prevent possible problems or hazards related to acoustic noise.