

## **MRI Pre-Screening Form**

Please make every attempt to have the patient complete this form, prior to contacting Radiology to schedule the MRI scan

MRI is a strong magnet environment that can be hazardous. If your patient has implanted devices like a pacemaker or any metal objects in their body it is essential to have this information prior to scheduling to **ensure the safety & timeliness** of the MRI scan. Lack of accurate information could result in canceling the MRI appointment on the day of the exam.

ate:		Patient's Name:		MRN #		
/eight:		Height:	For Breast MRI scan: r	equires LMC if female of cl	nild bearing	g age
1. Doe	-	tient have any kind of i	· · · · · · · · · · · · · · · · · · ·	V	NI -	
	•	Pacemakers or pacem	aker wires?	Yes	No	
	✓	Stimulators or stimula	itor wires?	Yes	No	
	✓	Pumps (any kind) or a	ny implanted devices?	Yes	No	
	✓	Any type of shunts?		Yes	No	
		- If yes, is the s	shunt a programmable shunt	Yes	No	
		– Do you know	the name and make of the shu	nt		
	✓	Does the patient have	any brain aneurysm clips?	Yes	No	
		<ul> <li>If yes, was it</li> </ul>	done at Johns Hopkins	Yes	No	
	✓	•	any other metal or foreign objeants, tissue expander?	ects in Yes	No	
		<ul> <li>If yes, what t</li> </ul>	ype of implant & location			
	✓	✓ Has the patient every had an allergic reaction to contrast that required				
		medical treatment?		Yes	No	
		follow questions are an	nswered Yes, then patient is req exam.	uired to obtain creatinine	blood test	within 30 da
			ood test prior to the day of their 2-3 hours early to avoid cancela		n receive b	lood test in E
	✓	Any previous kidney s	urgery, i.e. kidney transplant, ne	ephrectomy (removal of kid	dney)? <b>Yes</b>	No
	✓	Any know kidney dise insufficiency?	ease, such as kidney tumor, chro	onic kidney disease or renal	Yes	s No
o be compl	Ins	the Radiology Scheduli ert name of caller answ In back into Web X, if ar	ering questions in display notes			