Up Right MRI OF COLORADO

DATE: _____ **PATIENT NAME:** _____

DOB: _____ **WIEGHT:** _____ **MALE:** ☐ **FEMALE:** ☐

1. Do you have any history of cancer? YES: ☐ NO: ☐

Description: _____

2. Have you ever had any Heart, Brain or Ear surgeries? YES: ☐ NO: ☐

Please list: _____

Please mark yes if you **CURRENTLY** have any of the following.

Certain implants, devices, or objects may be hazardous to you and/or may interfere with your MRI procedure.

	YES
CARDIAC PACEMAKER	
NEUROSTIMULATOR	
ANEURYSM CLIP	
IMPLANTED CARDIAC DEFIBRILLATOR (ICD)	
STENT/FILTER/VALVE/COIL	
AORTIC CLIP	
INTERNAL ELECTRODES OR WIRES	
HEART MONITOR	
ELECTRONIC IMPLANT OR DEVICE	
MAGNETICALLY-ACTIVATED IMPLANT/DEVICE	
SHUNT	
INFERIOR VENA CAVA FILTER	
VASCULAR ACCESS PORT/CATHETER	
INFUSION/DRUG PUMP	
MEDICATION PATCH	
EXTERNAL MONITORING DEVICE	
PENILE IMPLANT	
RADIATION SEEDS/IMPLANTS	
BREAST TISSUE EXPANDER	
BONE STIMULATOR	
EYELID OR SPRING WIRE	
WIRE MESH IMPLANT	

	YES
HEARING AID (REMOVE BEFORE EXAM)	
STAPES EAR IMPLANT	
COCHLEAR IMPLANT	
METALLIC FRAGMENT/FOREIGN BODY IN EYES	
SHRAPNEL/BULLET(S)/METALLIC FRAGMENTS	
JOINT REPLACEMENT	
JOINT PROSTHESIS	
SURGICAL PINS/NAILS/SCREWS/PLATES/RODS	
SURGICAL STAPLES/CLIPS/METALLIC SUTURES	
DENTAL BRACES/DENTURES/PARTIAL PLATES	
TATTOO'S/PERMANENT MAKE-UP	
BODY PIERCING/JEWELRY	
OTHER/IMPLANTS:_____	
PREGNANT OR BREASTFEEDING	
CLAUSTROPHOBIA RATE YOUR LEVEL	
NONE	
MILD	
MODERATE	
SEVERE	

Technologist Notes:

Remove all metallic objects before entering the MRI room including hearing aids, beeper, cell phone, keys, hair pins, barrettes, jewelry, watch, safety pins, paperclips, money clip, credit cards or any cards that have a magnetic strip, electronic devices, coins, weapons, and/or tools. Your own wheelchair, cane, walker or oxygen tank are especially prohibited in the MRI room, such items will be provided by the staff. **WARNING:** If you have any questions/concerns regarding an implant, device or object consult the MRI technologist **BEFORE** entering the MRI room.

X_____

Patient (Caregiver or Guardian) Signature/Date

My signature indicates that I have read the patient screening form and I have had the opportunity to ask questions. I agree to have the MRI as indicated and a contrast injection if necessary. I acknowledge all objects listed above are not permitted in the MRI room and that Upright MRI of Colorado will not be responsible for any damage to any such objects brought into the MRI room.