

**MRI SAFETY QUESTIONNAIRE**  
**TO BE COMPLETED BY THE PATIENT**

**WARNING:** The following items can interfere with MRI imaging and some can be hazardous to your safety. Please check the appropriate boxes:

<b>YES</b>	<b>NO</b>		<b>YES</b>	<b>NO</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Head/Brain Surgery</b> (cerebral aneurysm clips)**	<input type="checkbox"/>	<input type="checkbox"/>	Shrapnel*
<input type="checkbox"/>	<input type="checkbox"/>	Eye surgery*	<input type="checkbox"/>	<input type="checkbox"/>	Eye liner tattoo* or permanent tattoo
<input type="checkbox"/>	<input type="checkbox"/>	Metal slivers in eye* (X-ray taken and ok'd)	<input type="checkbox"/>	<input type="checkbox"/>	Insulin pump*
<input type="checkbox"/>	<input type="checkbox"/>	Heart surgery (Aortic clip, heart valve)*	<input type="checkbox"/>	<input type="checkbox"/>	Infusion pump*
<input type="checkbox"/>	<input type="checkbox"/>	Heart surgery (Aortic clip, heart valve)*	<input type="checkbox"/>	<input type="checkbox"/>	Wire sutures
<input type="checkbox"/>	<input type="checkbox"/>	<b>Cardiac Pacemaker**</b>	<input type="checkbox"/>	<input type="checkbox"/>	Inner-Uterine Device (IUD)
<input type="checkbox"/>	<input type="checkbox"/>	<b>Carotid clips**</b>	<input type="checkbox"/>	<input type="checkbox"/>	Cochlear (Ear) Implant
<input type="checkbox"/>	<input type="checkbox"/>	<b>Aneurysm clips**</b>	<input type="checkbox"/>	<input type="checkbox"/>	Dentures
<input type="checkbox"/>	<input type="checkbox"/>	Electodes, Neurostimulators (Tens-unit)	<input type="checkbox"/>	<input type="checkbox"/>	Claustrophobia (fear of closed spaces)
<input type="checkbox"/>	<input type="checkbox"/>	Shunts	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Aids
<input type="checkbox"/>	<input type="checkbox"/>	Stents	<input type="checkbox"/>	<input type="checkbox"/>	Pregnant
<input type="checkbox"/>	<input type="checkbox"/>	Joint replacements (Check with Radiologist)	<input type="checkbox"/>	<input type="checkbox"/>	Breast Feeding
<input type="checkbox"/>	<input type="checkbox"/>	Metal mesh*	<input type="checkbox"/>	<input type="checkbox"/>	Penile Implant (males only)
<input type="checkbox"/>	<input type="checkbox"/>	Metal rods/Prosthesis	<input type="checkbox"/>	<input type="checkbox"/>	Vena Cava Filters (Umbrella)*

**\*Contraindication**  
**\*CANNOT SCAN**

I HAVE REVIEWED THE ABOVE CONTRAINDICATIONS FOR HAVING AN MRI AND FEEL THAT IT IS SAFE FOR ME. I AUTHORIZE PAYMENT OF MEDICAL BENEFITS FOR SERVICES RENDERED.

Patient signature \_\_\_\_\_ Date \_\_\_\_\_  
Updated 6/06