



**RHODE ISLAND MEDICAL IMAGING  
MRI PATIENT SAFETY INFORMATION FORM**

**ATTENTION: MR PATIENTS & ACCOMPANYING  
FAMILY MEMBERS**

The MR room contains a very strong magnet that is **ALWAYS ON**. Before you are allowed to enter, we must know if you have any metal in your body. Some metal objects can interfere with your scan or even be dangerous, so please answer the following questions carefully.

- YES / NO / ? Are you claustrophobic?
- YES / NO / ? Have you ever had an eye injury with metal in the past?
- YES / NO / ? Have you ever had metal removed from your eye?  
If yes, then have you been told by an eye doctor that ALL metal has been removed from your eye? YES / NO / ?
- YES / NO / ? Are you pregnant, possibly pregnant or breast feeding?

**DO YOU HAVE ANY, OR HAVE YOU EVER HAD ANY, OF THESE  
ITEMS IN OR ON YOUR BODY?**

- YES / NO / ? Pacemaker, wires or defibrillator
- YES / NO / ? Brain/aneurysm clip
- YES / NO / ? Eye implant
- YES / NO / ? Ear implant
- YES / NO / ? Bullets, BB's or pellets
- YES / NO / ? Metal shrapnel or fragments
- YES / NO / ? Magnetic implant anywhere
- YES / NO / ? Infusion pump
- YES / NO / ? Coil, filter or wire in blood vessel
- YES / NO / ? Implanted catheter or tube (except Foley, IV Catheter or PIC line)
- YES / NO / ? Artificial heart valve
- YES / NO / ? Penile prosthesis
- YES / NO / ? Electrical stimulator for nerve or bone.  
\*If bone stimulator, need AP & Lateral x-rays.
- YES / NO / ? Surgical clips, staples, wires, mesh or suture
- YES / NO / ? Endoscopy video capsule
- YES / NO / ? Resolution clip for bleeder (endoscopic procedure)
- YES / NO / ? Orthopedic hardware (plates, screws, pin, rods, wires)
- YES / NO / ? Tissue expander
- YES / NO / ? Pessary/bladder sling
- YES / NO / ? IUD (Intrauterine device)
- YES / NO / ? Medicated skin patches (Acticoat Dressing)
- YES / NO / ? Stents if yes, where \_\_\_\_\_?
- YES / NO / ? Body Piercings, if yes, where \_\_\_\_\_?
- YES / NO / ? Do you have tattoos or permanent eyeliner?
- YES / NO / ? Intracranial shunt? **If yes, is it Programmable? YES/ NO**

The following items **may become damaged** or cause injury to others in a strong magnetic field. **THEY MUST NOT BE TAKEN INTO THE MR SCAN ROOM. DO YOU HAVE ANY OF THESE ITEMS IN OR ON YOUR BODY?**

- YES / NO Hearing aid
- YES / NO Wigs/hair pieces
- YES / NO Artificial limb/prosthesis
- YES / NO Dentures/partial plates/ retainers

**Have you had any type of surgery? Yes / No  
If yes, please list it here:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INFORMATION CONCERNING GADOLINIUM  
CONTRAST MATERIAL IN MRI**

Your exam might include an IV injection of a contrast agent containing gadolinium to help more accurately diagnose your condition. Like all drugs, gadolinium has a small instance of allergic reaction.

- YES / NO / ? Have you ever had a previous reaction to gadolinium contrast material?
- YES / NO / ? Do you have a history of severe allergic reaction?
- YES / NO / ? Do you have a history of liver, or blood disorder?
- YES / NO / ? Do you have a history of kidney disease or have you ever been on dialysis?
- YES / NO / ? Are you diabetic?
- YES / NO / ? Do you have hypertension? (high blood pressure)
- YES / NO / ? Do you have a pheochromocytoma?
- YES / NO / ? Do you take coumadin/warfarin?

**FOR TECHNOLOGIST ONLY:**

Site of injection: \_\_\_\_\_

Type / amount of contrast: \_\_\_\_\_

Lot # / Exp. date: \_\_\_\_\_

The patient understands information concerning contrast agent: Yes No

**I attest that the answers I have provided to questions on this form are correct to the best of my knowledge. I have been provided access to review the GBCA Medication Guide. 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.**

Patient Name (Print Clearly Please): \_\_\_\_\_ **WEIGHT** \_\_\_\_\_ **HEIGHT** \_\_\_\_\_

Signature (Patient or Guardian): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Screening personnel: \_\_\_\_\_ Chaperone: \_\_\_\_\_

Patient screened with hand held metal detector prior to entering MR scan room. Initials: \_\_\_\_\_