

MRI SAFETY SCREENING FORM

Patient Information:



Department of Diagnostic imaging
310 Juliana Drive
Woodstock, ON N4V0A4
Central Bookings
Phone: 519-537-2381 Fax: 519-421-4238

Name (Last, First): _____

DOB: _____ M F PIN: _____
MMM DD YYYY

Address: _____

Phone Number: (Home): _____
(Other): _____

Health Card Number: _____ Version Code: _____

Area of Scan: _____ Referring Physician: _____

Transport: Walking Wheelchair Stretcher

External inpatient (from: _____)

I would be willing to come short notice (same day as called) if there was a cancellation.

Non-Patient

Staff Name: _____

Department: _____

Contractor Name: _____

Company: _____

Visitor Name: _____

Relationship to patient: _____



WARNING: Cardiac pacemakers, defibrillators, and other implants, devices or objects may be hazardous to you or MR personnel in the MR environment. DO NOT enter the MR area without being properly screened.

DO YOU HAVE:	YES	NO	DESCRIPTION OR COMMENTS
Pacemaker or defibrillator (unable to image at WH) pacemaker wires, implanted electronic devices, electrodes (neurostimulators or bio-stimulators)?	<input type="checkbox"/>	<input type="checkbox"/>	
Surgical aneurysm clips (Brain or other)?	<input type="checkbox"/>	<input type="checkbox"/>	
Stents, heart valve replacement, vascular (Umbrella) Filter, Carotid Artery Clamp?	<input type="checkbox"/>	<input type="checkbox"/>	
Ear implants or tissue expander (Cochlear or Stapes Prosthesis , Breast Expanders)?	<input type="checkbox"/>	<input type="checkbox"/>	
Previous injury to the eye involving metal? (Indicate if removed and if X-rays have been done)	<input type="checkbox"/>	<input type="checkbox"/>	
Imbedded metal, bullet, BB gun pellets or welding wounds?	<input type="checkbox"/>	<input type="checkbox"/>	
Any implants , artificial prosthesis or joints (including eyelid springs, penile, etc)? Please list	<input type="checkbox"/>	<input type="checkbox"/>	
Infusion or medication pumps? (eg insulin pump)	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had a previous MRI? Which hospital?	<input type="checkbox"/>	<input type="checkbox"/>	
Previous surgery ? (Including eye surgery) (Please indicate type of surgery and date)	<input type="checkbox"/>	<input type="checkbox"/>	

	YES	NO		YES	NO
Is there any chance you could be pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	Are you breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>
Removable dental work or hearing aids? (Remove)	<input type="checkbox"/>	<input type="checkbox"/>	Piercings or dermal implants? (Remove)	<input type="checkbox"/>	<input type="checkbox"/>
Medication or nicotine patches? (Remove)	<input type="checkbox"/>	<input type="checkbox"/>	Hair piece or wig (Remove)	<input type="checkbox"/>	<input type="checkbox"/>
Tattoo (permanent or temporary)?	<input type="checkbox"/>	<input type="checkbox"/>	Faraheme? Date of last dose:	<input type="checkbox"/>	<input type="checkbox"/>

**Please wear loose fitting clothing with no metal (zippers, buttons, etc) for your MRI exam
For additional MRI exam preparation and instructions see page 2 (on reverse side)**

Allergies: _____

Weight: _____ pounds (lbs) or kilograms (kg) Height: _____ Feet' Inches" or centimetres (cm)

SIGNATURE OF PERSON ENTERING MRI, or SDM

IF SDM, PRINTED NAME AND RELATIONSHIP

DATE: MMM DD YYYY

INFORMATION TAKEN OVER PHONE or VERBALLY BY

Department use only

Technologist Signature: _____



MRI PREPARATION AND INSTRUCTIONS

EXAM	PREPARATION	DURATION
MR Abdomen, MR Adrenals, MR Liver, MR MRCP, MR Pancreas, MR Pelvis (not MR Pelvis MSK), MR Abdomen and Pelvis (combined)	<ul style="list-style-type: none"> • Patients MUST arrive 20 minutes before their appointment time • Patient must not eat or drink for 4 hours prior • Take medications as usual, but medication patches may NOT be worn for MRI scan • All body piercings should be removed before arriving • Wear comfortable clothing with no metal <p>❖ See section below for SEDATION</p> <p>▶ See section below for CONTRAST INJECTION as your exam may include an injection</p>	15 minutes up to 60 minutes
All other MR exams (not listed above)	<ul style="list-style-type: none"> • Patients MUST arrive 20 minutes before their appointment time • Take medications as usual, but medication patches may NOT be worn for MRI scan • All body piercings should be removed before arriving • Wear comfortable clothing with no metal <p>❖ See section below for SEDATION</p> <p>▶ See section below for CONTRAST INJECTION as your exam may include an injection</p>	15 minutes up to 60 minutes

❖ SEDATION

Sedation or medication may be required for patients with anxiety, for pain management or claustrophobia at the ordering physician’s discretion.

- This MUST be provided by the ordering Physician
- Patients receiving sedation are NOT to drive themselves and should be informed of restrictions (while sedated) by a Physician or Pharmacist
- It is recommended that sedation is taken 1 hour prior to appointment time depending on the sedation provided
- Patients should be given full instructions by the ordering Physician or Pharmacist

▶ CONTRAST INJECTION

If IV contrast is required, patient must be capable of giving informed consent. If incapable, the substitute decision maker must accompany the patient. Please bring reading glasses, if necessary, to complete medical history questionnaire. Bring a written list of all current medications and allergies. An IV will be inserted by the MR technologist prior to the MR scan. An injection of Gadolinium contrast would then be administered during the exam.

Blood creatinine levels evaluated within 60 days of your MRI appointment are required if IV contrast is being given and you are any of the following, please discuss with your attending physician.

- Over the age of 60
- Diabetic or hypertensive
- Currently on dialysis
- Have a history of renal dysfunction

POST-EXAM CARE AFTER AN INJECTION

- If IV contrast was used, drink plenty of fluids (approximately 8 glasses of water) each day for the next 2 days, unless otherwise instructed by your attending physician
- Resume normal diet, medications and activity

PLEASE CONTACT YOUR ATTENDING PHYSICIAN FOR ANY QUESTIONS REGARDING YOUR MEDICATIONS

To cancel or reschedule your appointment please call Central Bookings: 519-537-2381

For any questions regarding MR please call: 519-421-4233 extension 2050

Please be aware that this is a “Fragrance Free” facility