Ashtabula County Medical Center
ACMC Healthcare System

An affiliate of Cleveland Clinic

MRI SAFETY SCREENING FORM

Date: ___ /____ /_____ _____
Last Name First Name Middle

DOB: _____ Age: _____ ☐ Male ☐ Female Weight: _____ Height: _____'_____

PLEASE CIRCLE YES or NO:

YES NO Have you had any complications with an MRI? _____

YES NO Have you ever had a contrast agent allergic reaction? _____

YES NO Kidney or Liver disease, Asthma, Diabetes, Allergic respiratory disease? (CIRCLE ALL)

YES NO Do you have an Acute or Chronic Kidney Disease / Failure? If YES, Dialysis Y or N _____

YES NO Prior injury by metal object to any body part including eyes? (e.g. – metal shavings, BB, bullets, shrapnel, etc.)

If YES, was it medically removed? Y or N _____

YES NO Have you had a surgical procedure of any kind? Please list: _____

YES NO N/A Is there any chance you could be pregnant? _____

PLEASE CHECK ANY ITEMS BELOW THAT YOU CURRENTLY HAVE

☐ ANEURYSM CLIP	☐ IMPLANTED DRUG or INSULIN PUMP	☐ RADIATION SEEDS
☐ ARTIFICIAL JOINT	☐ IUD / DIAPHRAGM	☐ SCREWS, PLATES, PINS
☐ COILS	☐ IV ACCESS PORTS	☐ SPINAL RODS / HARDWARE
☐ EAR/COCHLEAR IMPLANT	☐ MEDCATION PATCH	☐ STENTS
☐ HEARING AID	☐ PACEMAKER / DEFRIBILLATOR	☐ STIMULATORS
☐ EYE IMPLANT	☐ PENILE IMPLANT	☐ TATTOOS
☐ FILTERS	☐ PIERCINGS	☐ TISSUE EXPANDER
☐ HAIR PINS / WIG	☐ PROGRAMMABLE SHUNT	☐ **NONE OF THE ABOVE**

I attest that this information is correct to the best of my knowledge. I have read and understand the content and I have had the opportunity to ask questions regarding the information on this form.

Signature of Patient / Guardian / Relative / Spouse

X _____ Date _____ Time ____:_____

If patient/family member unavailable, requesting staff shall sign above & document in the paper/digital chart that no family member is available; above screening was completed by the requesting service. Based upon reasonable review, the benefits of the MRI exam outweigh the risks.

Radiology MD/RN/RT _____ ___*Printed Name* _____ *Date* _____ *Time* ___:____

REQUESTING MD (If Applicable): _____Requesting MD (Printed): _____