HILLSBOROUGH RADIOLOGY CENTERS

A Partnership of Princeton Radiology & University Radiology

ROUTE 206
375 Route 206
Hillsborough, NJ 08844
908.874.7600

RAIDER BLVD
105 Raider Blvd.
Hillsborough, NJ 08844
908.359.9331

MRI Screening Questionnaire

Date: ____________ Name: ____ DOB: ____________ ☐ Male ☐ Female

LAST FIRST MIDDLE INITIAL

1. Have you had prior surgery or an operation (e.g. arthroscopy, endoscopy, etc.) of any kind? ☐ Y ☐ N

   If yes, please indicate the date and type of surgery

   Date: ____________________ Type of surgery: ____

   Date: ____________________ Type of surgery: ____

2. Have you experienced any problem related to a previous MRI examination or MR procedure? ☐ Y ☐ N

   If yes, please describe: ____

3. Have you had an injury to the eye involving a metallic object or fragment (e.g. metallic slivers, shavings, foreign body, etc? ☐ Y ☐ N

   If yes, please describe: ____

4. Have you ever been injured by a metallic object or foreign body (e.g. BB, bullet, shrapnel, etc.)? ☐ Y ☐ N

   If yes, please describe: ____

WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure *(i.e. MRI, MR angiography, functional MRI, MR spectroscopy)*. **DO NOT ENTER** the MR system room or MR environment if you have any questions or concerns regarding an implant, device, or object. Consult the MRI Technologist or Radiologist **BEFORE** entering the MR system room. The MR system magnet is ALWAYS on.

Please indicate if you have any of the following:

- ☐ Y ☐ N Aneurysm clip(s)
- ☐ Y ☐ N Cardiac pacemaker
- ☐ Y ☐ N Implanted cardioverter defibrillator (ICD)
- ☐ Y ☐ N Electronic implant or device
- ☐ Y ☐ N Magnetically-activated implant or device
- ☐ Y ☐ N Neurostimulation system
- ☐ Y ☐ N Spinal cord stimulator
- ☐ Y ☐ N Internal electrodes or wires
- ☐ Y ☐ N Bone growth/bone fusion stimulator
- ☐ Y ☐ N Cochlear, otologic or other ear implant
- ☐ Y ☐ N Insulin or other infusion pump
- ☐ Y ☐ N Implanted drug infusion device
- ☐ Y ☐ N Any type of prosthesis (eye, penile, etc.)
- ☐ Y ☐ N Heart valve prosthesis
- ☐ Y ☐ N Eyelid spring or wire
- ☐ Y ☐ N Artificial or prosthetic limb
- ☐ Y ☐ N Metallic stent, filter, or coil
- ☐ Y ☐ N Shunt (spinal or intraventricular)
- ☐ Y ☐ N Vascular access port and/or catheter
- ☐ Y ☐ N Radiation seeds or implants
- ☐ Y ☐ N Swan-Ganz or thermodilution catheter
- ☐ Y ☐ N Medication patch (Nicotine, Nitroglycerine)
- ☐ Y ☐ N Any metallic fragment or foreign body
- ☐ Y ☐ N Wire mesh implant
- ☐ Y ☐ N Tissue expander (e.g. breast)
- ☐ Y ☐ N Surgical staples, clips or metallic sutures
- ☐ Y ☐ N Joint replacement (hip, knee, etc.)
- ☐ Y ☐ N Bone/joint pin, screw, nail, wire, plate, etc.
- ☐ Y ☐ N IUD, diaphragm, or pessary
- ☐ Y ☐ N Dentures or partial plates
- ☐ Y ☐ N Tattoo or permanent makeup
- ☐ Y ☐ N Body piercing jewelry
- ☐ Y ☐ N Hearing aid
- ☐ Y ☐ N Breathing problem or motion disorder
- ☐ Y ☐ N Claustrophobia
- ☐ Y ☐ N Other implant: ______________________________

IMPORTANT INSTRUCTIONS: Please remove all metallic objects before entering the MR room. This includes: hearing aids, beepers, cell phones, keys, eyeglasses, hair pins, barrettes, jewelry, ear and other body peircings, watches, safety pins, paperclips, money clips, credit and other magnetic strip cards, coins, pens, pocket knives, nail clippers, steel-toed shoes/boots, and tools. **PLEASE CONSULT THE MR TECHNOLOGIST OR RADIOLOGIST IF YOU HAVE ANY QUESTIONS OR CONCERNS BEFORE ENTERING THE MR ROOM.**

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.

Signature of person completing form: ______________________________________ Date: ________________

Form completed by: ☐ Patient ☐ Relative ☐ Nurse ______________________ ______________________

MRI Technologist (Print): ______________________________ (Signature): ______________________________

Level I or II Staff (Print): ______________________________ (Signature): ______________________________