MRI SAFETY QUESTIONNAIRE

MHC1101

If you have selected YES to any of the questions below, we may not be able to perform the MRI study. Please inform MRI personnel immediately!

Do you have any of the following?

Heart Pacemaker	☐ Y	☐ N	**Epidural Wire**	☐ Y	☐ N
Heart Defibrillator	☐ Y	☐ N	**Pill Cam (Endoscopic capsule taken within 30 days)**	☐ Y	☐ N
Tissue Expander	☐ Y	☐ N			
Electronic / Mechanical Implants	☐ Y	☐ N	**Implanted Pump / External Pump (Insulin, Baclofen, Chemo)**	☐ Y	☐ N
Neuro/Bio Stimulator	☐ Y	☐ N			

If you have selected YES to any of the questions below, please provide Information Card to the MRI technologist.

Brain Aneurysm Clips	☐ Y	☐ N	**Shunt**	☐ Y	☐ N
Cochlear Implants	☐ Y	☐ N	**Ear Implant**	☐ Y	☐ N
Artificial Heart Valve	☐ Y	☐ N	**Penile Implants**	☐ Y	☐ N
Stents	☐ Y	☐ N	**Diaphragm / IUD / Pessary**	☐ Y	☐ N
IVC Filter	☐ Y	☐ N	**(What type ________________)**		
Coil	☐ Y	☐ N			

If you have selected YES to any of the questions below, please provide detailed information in the comments line below.

Artificial Eye	☐ Y	☐ N	**Intravenous Access Port**	☐ Y	☐ N
Eyelid Spring	☐ Y	☐ N	**Medication Patches**	☐ Y	☐ N
Halo Vest / Spinal Fixation Device	☐ Y	☐ N	**Metallic Objects (shrapnel, bullet, BB)**	☐ Y	☐ N
Hearing Aids	☐ Y	☐ N	**Radiation Seeds**	☐ Y	☐ N
Implanted Items (pins, screws, rods, etc.)	☐ Y	☐ N	**Removable Dentures/Partial Plates**	☐ Y	☐ N
Internal Electrodes or Wires.	☐ Y	☐ N	**Tattoos/Tattooed Eyeliner**	☐ Y	☐ N
Artificial Limbs / Joints	☐ Y	☐ N	**Surgical Mesh**	☐ Y	☐ N
Surgical Clips or Staples	☐ Y	☐ N	**Miscellaneous Implants**	☐ Y	☐ N
Implants Held by Magnets	☐ Y	☐ N	**Harrington Rod**	☐ Y	☐ N
Have you ever been a machinist, welder or metal worker?	☐ Y	☐ N	**Body Piercing**	☐ Y	☐ N
Injury from Metal Objects in Eyes	☐ Y	☐ N			
Did you seek medical treatment for an eye injury?	☐ Y	☐ N	**Claustrophobic**	☐ Y	☐ N

Comments: ____

FEMALE

Are you pregnant or suspect pregnancy?	☐ Y	☐ N	Date of last menstrual period: ____________
Are you breastfeeding?	☐ Y	☐ N	

1. Are you currently receiving dialysis? ☐ Y ☐ N
2. What made your doctor order this MRI today? ____________________
3. Have you ever had a surgical operation or procedure?
   If Yes, please list surgeries ____________________
4. a) Have you had an MRI examination before? ☐ Y ☐ N If Yes, date of last MRI ____________
   b) Did you experience any problems? ☐ Y ☐ N If Yes, explain ____________
5. Have you ever been injured by any other metal object not listed above? ☐ Y ☐ N If Yes, explain ____________
6. What is your weight? _______ lbs. Height: _______ ft _______ inches

Patient Signature ______________________________ Date ____________

Parent/Guardian Signature ____________________ Relationship ____________ Date ____________

For MRI OFFICE USE ONLY

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MRI Safety Qualified Representative Signature Date/Time
Preliminary Review - Level 1 or 2 Personnel

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MRI Safety Qualified Representative Signature Date/Time
Final Review - Level 2 Personnel Only

HOUSTON Methodist SUGAR LAND HOSPITAL

MRI Safety Questionnaire

FOR MRI OFFICE USE ONLY

(A) Hazard Checklist

Item	Y	N
Arterial Line Tranducer	☐ Y	☐ N
Endotracheal Tube	☐ Y	☐ N
Esophageal Probe	☐ Y	☐ N
Extraventricular Device	☐ Y	☐ N
Foley Catheter w/Temp Sensor / Metal Clamp	☐ Y	☐ N
Guidewires	☐ Y	☐ N
Patches (prescription, EKG, etc.)	☐ Y	☐ N
Rectal Probe	☐ Y	☐ N
Skin Staples	☐ Y	☐ N
Swan-Ganz Catheter	☐ Y	☐ N
Temporary Pacer Wires	☐ Y	☐ N

(B) Sedation / Narcotic Record

Has the patient been given any IV sedation or IV narcotics within the past two hours?

☐ Y ☐ N ☐ N/A ______________________ RN Signature Required

(C) Notes / Comments

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(D) Contrast Media

Type(s) of Contrast(s) ____

Lot Number(s) ____

INJECTION SITE(S)	AMOUNT INJECTED	TYPE OF DEVICE	SIZE

Amount ____________ Route ____________

Intravenous:

☐ Bolus ______________________ Amount ______________________ Lot # ______________________

☐ Drip ______________________ Amount ______________________ Lot # ______________________

☐ MRI Injector ______________________ 1) Rate ______________ ml/sec ______________ Lot # ______________

1) Rate ______________ ml/sec ______________ Lot # ______________

☐ Flush Solution ______________________ ml

☐ Dressing Applied ☐ IV Discontinued

☐ Infiltration ☐ N ☐ Y Specify ______________________________

☐ Reaction ☐ N ☐ Y Specify ______________________________

____

IV Started By Name/Title

____

Infused By Name/Title