UCSF Medical Center

UCSF Benioff Children's Hospital

MRI SCREENING

UNIT NUMBER

PT. NAME

BIRTHDATE

LOCATION DATE

You have been scheduled for an MRI exam. The MRI scanner uses extremely strong magnetic fields that can produce heating, movement, or electric currents in ANY metal in or on your body. WARNING: This can be hazardous to you, if you have certain metal objects in or on you. Please complete this accurately and carefully.
(Please circle **Yes**/**No** responses)

1. **Do you have any metal or possibly metal containing objects in or on your body?** Yes No

If yes, check box and give details ______________________________

- ☐ Aneurysm clip
- ☐ Cardiac pacemaker
- ☐ Implanted cardioverter defibrillator (ICD)
- ☐ Electronic implant or device
- ☐ Magnetic stent, filter, or coil
- ☐ Neurostimulator, deep brain stimulator
- ☐ Spinal cord stimulator
- ☐ Internal electrodes or wires
- ☐ Bone growth/bone fusion stimulator
- ☐ Cochlear, otologic, or other ear implant
- ☐ Insulin or other infusion pump
- ☐ Implanted drug infusion device
- ☐ Prosthesis of any kind(eye, penile, etc.)
- ☐ Heart valve prosthesis
- ☐ Artificial or prosthetic limb
- ☐ Shunt (programmable) ☐ non-programmable
- ☐ Feeding tube with mercury tip
- ☐ Radiation seeds or implants
- ☐ Medication patch
- ☐ Any metallic fragment or foreign body
- ☐ Breast tissue expander
- ☐ Surgical staples, clips
- ☐ Bone/joint pin, screw, nail, wire, plate
- ☐ IUD, diaphragm, or pessary
- ☐ Dentures, partial plates, or braces
- ☐ Permanent makeup or eyeliner
- ☐ Body piercing jewelry
- ☐ Eye lid spring or wire
- ☐ Temperature probe
- ☐ Hearing aid (remove prior to entry)

2. Have you had an injury to the eye involving a metallic object or fragment? Yes No
3. Have you ever been injured by a metallic object or foreign body (e.g. BB, bullet, shrapnel)? Yes No
4. List any past surgeries/Date: ______________________________

Height______________ Weight_____________

To be completed for patients who may receive MRI CONTRAST (GADOLINIUM)

5. Have you ever had a previous reaction with intravenous contrast ("x-ray dye")? Yes No
   If yes, give details:______________________________
6. Have you ever had a life-threatening allergic reaction? Yes No
   If yes, give details:______________________________
7. Are you 60 years of age or older? Yes No
8. Do you take medication for diabetes? Yes No
9. Do you take medication for high blood pressure? Yes No
10. Do you suffer from kidney disease? Yes No
11. Does anyone in your family suffer from kidney disease? Yes No
12. Do you have only one kidney or a kidney transplant? Yes No
13. Do you have any other organ transplant? Yes No
14. Do you have multiple myeloma? Yes No
15. Do you have end-stage liver disease/need a liver transplant? Yes No

eGFR (To be completed by RN or technologist)

"Yes" answers to Q7-15, enter eGFR within 6 weeks.
"No" answers: if eGFR is available, enter it below.

Level: ______ (mL/min/1.73mL^2)

Date: ____ /____ /_____*

< 60 | ≥ 60 or not needed

16. **FOR WOMEN:** Is there any possibility that you may be pregnant? Yes No

Please sign below to confirm that you have received, read, and understood the "Frequently Asked Questions about MRI exams". A physician is available to answer any further questions you may have.

Yes

Consult with Radiologist

No

Proceed per protocol

Form completed by: ______________________________

Signature of Patient/parent/guardian:______________________________

Signature of RN or Technologist:______________________________ Date: __________ Time: __________

INSTRUCTIONS FOR RADIOLOGY RN OR RT

YES answers to questions 7-16 and no recent eGFR available:
Proceed with an immediate Cr/eGFR test at the direction of the protocoling physician.

STOP - If there are ANY circles in the STOP column, further consultation with a supervising radiologist is required before administration of contrast. Nursing and technical staff should consult with a supervising radiologist for further instructions. Proceed only when the order for this examination has been reviewed, and is updated by the supervising radiologist in ImageCast.

GO - If ALL the circled responses are in the GO column: PROCEED with contrast administration as per the contingent order in ImageCast. This order is now final, and the electronic signature of the protocoling physician in conjunction with this form attests that the administration of contrast material has been reconciled with the patient's current medication.

IMPORTANT INSTRUCTIONS

Before entering the MRI environment or MRI system room, you must remove *all* metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paper clips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners and clothing with metallic threads.

Please consult the staff if you have any questions or concerns BEFORE you enter the MRI system room.

Filled out by staff:

1. Patient Screened for MRI contraindications? ☐ Yes ☐ No
2. Patient and Table Top Checked? ☐ Yes ☐ No
3. Staff Physicians Safety Trained? ☐ Yes ☐ No
4. Staff/Physicians Removed Metallic Objects? ☐ Yes ☐ No
5. Final verification/ "time-out" is performed by ☐ Yes ☐ No
   the team prior to entry into the magnet, including patient screening form, and all equipment checked for MRI safety or compatibility.