Holland Bloorview
Kids Rehabilitation Hospital

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MRI Screening Form

Magnetic Resonance Imaging (MRI) uses a very strong magnetic field that is **always on**. It may be dangerous for people to enter the environment with certain metallic, electronic, magnetic, mechanical implants, devices or objects. Please answer the following questions carefully and accurately. If you have any questions please speak with the MRI technologist.

____

Name Date of Birth (DD/MMM/YYYY) Height Weight

1. Have you ever worked with metal in any way (grinding, welding, metal work)? Y☐ N☐
2. Have you ever had a piece of metal penetrate your eye? (If yes to 1&2, orbital x-ray required) Y☐ N☐
3. Have you ever been injured by a metallic object or foreign body (e.g. BB, bullet, shrapnel, etc.)? Y☐ N☐
If yes, please describe: ____
4. Could you be pregnant? Y☐ N☐
5. Are you claustrophobic? Y☐ N☐
6. Have you had a previous MRI? If yes, please describe any problems experienced Y☐ N☐
Describe: ____
7. Have you had any previous surgery or invasive procedure? (e.g. heart, head, eye, or orthopedic) Y☐ N☐
Describe: ____

Please indicate if you have any of the following:

Pacemaker or pacing wires	Y☐ N☐	Cardiovascular catheters	Y☐ N☐
Implanted cardioverter Defibrillator (ICD)	Y☐ N☐	Surgical clips, staples, wires	Y☐ N☐
Surgical aneurysm clip(s)	Y☐ N☐	Heart Valve	Y☐ N☐
Cochlear implant or hearing device	Y☐ N☐	G tube/ C tube/ J tube/ gastric button	Y☐ N☐
Intravascular coil, filter, clip or stent	Y☐ N☐	Hearing Aids	Y☐ N☐
Ventriculoperitoneal (VP) shunt	Y☐ N☐	Prosthetic eye	Y☐ N☐
Neurostimulator	Y☐ N☐	Ear tubes (myringotomy)	Y☐ N☐
Electronic device implant	Y☐ N☐	Medication Patch	Y☐ N☐
Insulin or infusion pump, glucose monitor	Y☐ N☐	Tattoo or body piercings	Y☐ N☐
Orthopedic rods, plates, screws, wires	Y☐ N☐	Dental implants / dentures / braces	Y☐ N☐
Artificial or prosthetic limb/joint	Y☐ N☐	Intra uterine Device (IUD)	Y☐ N☐

Other implants: ____

I affirm that I have answered the questions to the best of my knowledge and consent to the MRI examination.

Form completed by: Participant ☐ Parent/Guardian ☐ Other ☐

Name: _______________________Signature:______________________ Date: ____________

Technologist (sig.):___________________

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