

Name MRN (Patient Identification)	VCU Health System MCV Hospitals and Physicians Richmond, Virginia 23298 MRI Safety Checklist
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1. Have you had an MRI?No ___ Yes ___
Did you have any difficulty related to the procedure?No ___ Yes ___
If yes, please describe: _____
2. Do you have or have you had a pacemaker, ICD or defibrillator?No ___ Yes ___
3. Have you ever worked with grinding metals or had metal fragments in your eyes?No ___ Yes ___
4. Have you ever had a reaction or ill effect from MRI contrast material (**gadolinium**)?.....No ___ Yes ___
If yes, please describe: _____
5. Do you have medicine or food allergies?No ___ Yes ___
If yes, please describe: _____
6. Do you have sickle cell disease?No ___ Yes ___
If yes, are you in sickle cell crisis?No ___ Yes ___
7. Do you have kidney (renal) problems or a kidney transplant?No ___ Yes ___
8. Have you been told your kidneys are not working properly?.....No ___ Yes ___
9. Are you on kidney dialysis?No ___ Yes ___
10. Do you have diabetes (high blood sugar)?No ___ Yes ___
11. **Female Patients Only:** Is there a possibility that you might be pregnant?No ___ Yes ___
Are you currently breastfeeding?No ___ Yes ___

WARNING: Certain implants, devices, or objects may be hazardous to you and/or interfere with MRI studies. Do not enter the MRI area if you have any questions regarding an implant, device, or object. Consult the MRI Technologist or Radiologist BEFORE entering the MRI room.

The MRI magnet is ALWAYS on.

Do you have or have you had? (Circle No or Yes)	Describe:
Aneurysm clips, coil or graft.....	No / Yes _____
Vascular stent, coil, clips or clamps	No / Yes _____
Cardiovascular catheter / Swan-Ganz catheter.....	No / Yes _____
Heart valve replacement	No / Yes _____
Implanted filter (i.e. Inferior Vena Cava filter).....	No / Yes _____
Brain surgery clips.....	No / Yes _____
Implanted stimulator (i.e. vagal nerve, deep brain, TENS, bone growth).....	No / Yes _____
Implanted infusion pump, catheter or device.....	No / Yes _____
Programmable shunt or VP shunt.....	No / Yes _____
Magnetically-activated implant or device.....	No / Yes _____
Internal or external monitoring devices (incl. temp or oxygen probes).....	No / Yes _____
Epidural or nerve block catheter.....	No / Yes _____
Stapes prosthesis, cochlear implant.....	No / Yes _____
Eye prosthesis, lens implant, eyelid spring or wire, retinal tack	No / Yes _____
Internal electrodes or wires.....	No / Yes _____
Medication patch (nitroglycerine, nicotine, hormones, other medication)....	No / Yes _____
Antimicrobial wound or burn dressing.....	No / Yes _____
Ingested camera pill for capsule endoscopy.....	No / Yes _____

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