UP&OPEN IMAGING
UPRIGHT MRI

MRI SCREENING QUESTIONNAIRE

Patient Name: _____ Date: _____

Sex: _____ Age:_____ Weight: _____ Patient Account Number: _____

This questionnaire is designed to assist us in determining if it is safe for you to undergo a magnetic resonance imaging procedure. It is important that you answer all of the following questions. If you do not understand a question, please ask for assistance.

1.	Do you have a pacemaker, wires, defibrillator, or implanted heart valves?	YES	NO	DON'T KNOW
2.	Have you ever had any head surgery requiring aneurysm clips?	YES	NO	DON'T KNOW
3.	Have you ever had any type of surgery?	YES	NO	DON'T KNOW
4.	Have you ever had a reaction to a contrast agent used for MRI, CT, or X-Ray?	YES	NO	DON'T KNOW
5.	Do you have any surgically implanted metal of any type in your body?	YES	NO	DON'T KNOW
6.	Have you ever been exposed to metal fragments that could be lodged into your eyes or body?	YES	NO	DON'T KNOW
7.	Do you have a hearing aid, middle / inner ear prosthesis, or dentures?	YES	NO	DON'T KNOW
8.	Do you have any metal pin, joint, prostheses, or metallic object in or attached to your body?	YES	NO	DON'T KNOW
9.	Do you have any type of electronic device (stimulator or pump) implanted in your body?	YES	NO	DON'T KNOW
10.	Do you have or have you ever had tattoos, tattooed eye liner, lip liner, or body piercings?	YES	NO	DON'T KNOW
11.	Do you wear a transdermal patch (nitroglycerin or nicotine)?	YES	NO	DON'T KNOW
12.	Do you have a history of panic attacks or a fear of enclosed or narrow places?	YES	NO	DON'T KNOW
13.	Do you have a history of drug or food allergies?	YES	NO	DON'T KNOW
14.	Do you have a history of kidney disease, seizure, asthma, or emphysema?	YES	NO	DON'T KNOW
15.	If female- are you pregnant, or is it possible that you might be pregnant?	YES	NO	DON'T KNOW
16.	If female- are you breastfeeding?	YES	NO	
17.	Is there any other item or device you believe we should know about prior to performing the procedure? If yes, please describe: _____			

I certify that I have read and understood the questions asked in this questionnaire and that the above responses are correct to the best of my knowledge. I understand that it is my responsibility to inform Up & Open Imaging of any metal fragments and / or devices that may be in my body and that by failing to do so may cause serious bodily injury or be life threatening. I agree that should I have any metal in my body and, after consultation with a physician, elect to proceed with the MRI, I agree to release Up & Open Imaging from any and all liability for any injury.

_____	_____	_____
Patient or Legal Representative Signature	Print Name and Authority (if legal representative)	Date
_____	_____	_____
Witness or Interpreter Signature	Print Name	Date
_____	_____	_____
Physician / RN / Technologist Signature	Print Name and Title	Date