

Mount Sinai

The Mount Sinai Hospital
One Gustave L. Levy Place
New York, New York 10029

Date _____

Name _____

Sex/DOB _____

MRN _____

Physician Service _____

**MAGNETIC RESONANCE IMAGING (MRI)
QUESTIONNAIRE**

- | | YES | NO |
|--|-------|-------|
| 1. Do you have a Pacemaker, AICD, and/or internal pacing wires?
<i>(Patients with Pacemakers, AICD, and/or internal pacing wires CANNOT have MRI.)</i> | _____ | _____ |
| 2. Do you have any implanted metallic clips in your head?
<i>(Have you ever had brain surgery or cochlear inner ear implants?)</i> | _____ | _____ |
| 3. Have you ever worked around a metal lathe or had a shrapnel
(war or gun shot) wound/injury? | _____ | _____ |
| 4. Do you have an implanted neuro-stimulator or infusion/insulin pump? | _____ | _____ |
| 5. Have you had any devices placed in your blood vessels? | _____ | _____ |
| 6. Do you have any metal on/in your body? | _____ | _____ |
| 7. Do you have a breast tissue expander? | _____ | _____ |
| 8. Are you pregnant? | _____ | _____ |
| 9. Are you breast feeding?
<i>(If you receive an injection of a paramagnetic contrast material and are nursing a baby, you should not nurse until 48 hours after the MRI exam.)</i> | _____ | _____ |
| 10. Do you have any kidney diseases, diabetes, or liver disease? | _____ | _____ |
| 11. Do you have sickle-cell or hemolytic anemia? | _____ | _____ |
| 12. Are you claustrophobic? (Afraid to be in small areas?) | _____ | _____ |
| 13. Do you have any tattoos, permanent make- up, or piercings? | _____ | _____ |
| 14. Do you have a Radio Frequency Identification (RFID) device?
<i>(This question is for hospital inpatients only.)</i> | _____ | _____ |
| 15. Do you have hearing aids? (Remove before MRI) | _____ | _____ |
| 16. Do you have a transdermal patch (e.g. Nitroglycerin, Nicotine, etc)? | _____ | _____ |

Please remove all metallic objects prior to entering the MR examination room.

17. What is your age? _____
18. What is your approximate weight? _____

Name of Person Completing Form *(Please print)* : _____
Signature of Person Completing Form: _____ Date: _____
Form Completed By: Patient ___ Relative ___ Doctor ___ Other ___
Reviewed By: _____ Date: _____
MRI Technologist ___ Nurse ___ Radiologist ___ Other ___

For Radiology Use Only : If the patient has a RFID device, was the device removed? Yes ___ No ___

INFORMATION ABOUT MRI SCANNING

The MR scan you are to have will be performed on a state-of-the-art machine that uses a very strong magnetic field. There are no known harmful effects. The magnetization may, however, interfere with the working of a cardiac pacemaker and can move pieces of magnetized metal. Because of this, we ask you to answer all of the questions on this brief questionnaire on the reverse side of this sheet.

You will be placed in a long chamber in the middle of the machine. Although the fit may seem close, the space you are in is open at both ends and the technicians are constantly in communication with you via a microphone system. If you are uncomfortable, they can hear you if you simply speak in a normal voice.

You will hear a loud clicking or knocking noise sound that is a normal function of the machine. There are no moving parts and nothing will touch or harm you. You will be given ear plugs, which will decrease the noise intensity. You may wear these earplugs, or you may choose to use headphones with music that will be provided to you.

As with regular pictures, if you move, you will ruin the images. Because of this, it is **very important that you remain still and breathe normally while the scans are being taken.**

It is our hope to make this necessary examination as comfortable for you as possible. We will be glad to answer any questions that you may have regarding the study.

PLEASE ANSWER QUESTIONS ON REVERSE SIDE OF THIS SHEET AND SIGN.

Thank you!

[See opposite side for essential information]