



**Bellevue Medical Imaging, PLLC**  
**Bellevue Women's Imaging, PLLC**  
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## MRI Questionnaire

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- Yes  No Have you ever had an operation of any kind to the area being scanned today? If so, please list them all with dates.  
\_\_\_\_\_
- Yes  No Have you ever been a machinist, welder, or metalworker?
- Yes  No Have you ever had a piece of metal in your face or eyes? This includes metal shavings, slivers, bullets, and BBs.
- Yes  No Are you pregnant, possibly pregnant, or breastfeeding?

**Do you have any of these items in your body?**

- Yes  No Pacemaker, wires, or defibrillator
- Yes  No Brain aneurysm clip
- Yes  No Carotid artery vascular clamp
- Yes  No Ear implant or hearing aids
- Yes  No Eye implant
- Yes  No Bullets, BBs, shrapnel, or pellets
- Yes  No Magnetic implant
- Yes  No Infusion pump
- Yes  No Stents, coils, filters, or wires in blood vessel
- Yes  No Artificial limb or joint
- Yes  No Eyelid tattoo
- Yes  No Implanted catheter or tube (ex: Swan-Ganz)
- Yes  No Artificial heart valve
- Yes  No Penile prosthesis
- Yes  No Shunt
- Yes  No False teeth, retainers, or magnetic braces
- Yes  No Surgical clips, staples, wires, or stitches
- Yes  No Intrauterine device (IUD)
- Yes  No Ortho devices like plates, screws, pins, and rods
- Yes  No Body piercing
- Yes  No Electrical stimulator for nerves or bones
- Yes  No Tissue expander
- Yes  No Medication patch
- Yes  No Any other implanted device not listed above: \_\_\_\_\_

**TO OUR PATIENTS AND ACCOMPANYING FAMILY MEMBERS:**

The MRI room contains a very strong magnet. Before you are allowed to enter, we must know if you have any metal in your body. Some metal objects can interfere with your scan or may even be dangerous, so PLEASE answer all the questions carefully. If you have any questions regarding anything on this form, please do not hesitate to ask

**Information Concerning Gadolinium Contrast Material**

As part of your examination, the radiologist may deem it advisable to give you an I.V. injection of a contrast agent containing gadolinium. The injection may help to more accurately diagnose your condition. Although gadolinium contrast agents have been used safely in millions of cases, minor reactions – principally headaches or nausea – may occur. Serious or life-threatening reactions are exceedingly rare. Patients over 65 years of age or with known kidney disease will require a blood test dated within 30 days of the exam to determine if it is safe to give an injection.

- Yes  No Have you ever had a previous allergic reaction to gadolinium contrast material?
- Yes  No Do you have a history of asthma or emphysema?
- Yes  No Do you have a history of renal disease or kidney failure?

I attest that the answers I have provided to the questions on this form are correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form.

**Signature (patient or guardian):** \_\_\_\_\_

**Date:** \_\_\_\_\_