

Appointment Date:		Patient ID:	
Study Type:		Patient Name:	

**MRI PRESCREENING FORM**

Employee Initials and Date of Prescreening			
Verified Prescreening is the same as:	Date:		Study:

1. Please enter the following information:

Height:		Weight:		Age:	
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2. Is this a Workers Compensation injury? If YES, Date of Injury?	
3. If this is a Workers Comp Injury; did you receive a letter notifying you to use an Imaging Network?	
4. Is this a No Fault/Auto Accident Injury? If YES, date of Injury?	
5. Have you ever been here before?	
6. Have you had any prior imaging of this area?	
7. What surgeries have you had in your lifetime, and what were the approximate dates?	
8. Are you allergic to any medication or latex?	
9. Are you currently taking any medication?	
10. Do you need assistance walking or transferring?	
11. Have you ever been diagnosed with cancer?	
12. Have you ever had a seizure? If yes, how frequent?	
13. Could you be pregnant?	
14. When is your next appointment date and time with the referring doctor(s)?	
15. Do you want copies of your report(s) sent to anyone in addition to your referring doctor?	
16. Notified All Patients: "For your convenience, we are letting all of our patients know that we also have Mammo, X-Ray, CT, US and Bone Density, so if you have any additional studies, we can do that while you're here. Let me know if you'd like to schedule any today."	

**MRI SAFETY QUESTIONS:**

**\*If 'YES' is answered to any of these, please refer page 3 on how to proceed with the patient.\***

17. Have you ever had eye surgery or eye implant?	
18. Could you have any metal in your eye today?	
19. Have you ever had a gunshot or shrapnel wound?	
20. Have you ever had open heart surgery?	
21. Do you have a heart valve replacement or stent?	
22. Do you have a pacemaker or defibrillator?	
23. Have you had brain surgery?	
24. Do you have any aneurysm clips in your brain?	
25. Do you have a middle ear implant or hearing aid?	
26. Do you have dentures or partials?	

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27. Do you have an artificial limb or joint replacement?	
28. Do you have any metal rods, clips, or screws in your body?	
29. Do you have an implanted chemo, insulin, or morphine pump? What are the details?	
30. Do you have a neurostimulator or TENZ unit connected to your body?	
31. Are there any Foreign Objects <i>or</i> Devices in or <b>on</b> your body at all?	
32. Are you claustrophobic? Do you want to bring a guest?	
33. Will you be taking your own oral sedation or do you need us to provide it?	
34. If claustrophobic, explain the openness and benefits of our 3T. Still have to be on HFO?	
35. Told patient to remove all hairpins, hairpieces, body piercings, and jewelry (except rings) before coming to appointment?	
36. Told patient not to wear any metal such as snaps or zippers to their appointment. Or they can bring clothes with no metal to change into.	
37. Told patient they can bring a CD or IPOD to play during study	
38. Told patient to bring script?	
39. Told patient copay or coinsurance is due at time of study?	
40. Asked patient if they had questions?	
41. Asked patient if they needed directions?	
42. Notified patient of prep instructions below?	
<b>CONTRAST ONLY</b>	
43. If over 60? If yes, bloodwork needed within the last <b>30 DAYS</b> .	
44. Have you ever had a reaction to IV Contrast/Dye before?	
45. Is the patient an <b>inpatient</b> ? If yes, need bloodwork within past <b>2 DAYS</b> .	
46. Have you had the following within the past 60 days? Severe dehydration, severe illness, high fever, hospitalization, liver disease or abdominal surgeries? If yes, need bloodwork within past <b>14 DAYS</b> .	
47. Are you currently or have you ever taken blood pressure medication? If yes, bloodwork needed within the last <b>30 DAYS</b> .	
48. Have you ever had an organ transplant? If yes, bloodwork needed within the last <b>30 DAYS</b> .	
49. Have you ever been diagnosed with kidney disease or kidney failure? If yes, bloodwork needed within the last <b>30 DAYS</b> .	
50. Do you have a single kidney? If yes, bloodwork needed within the last <b>30 DAYS</b> .	
51. Have you ever had a renal transplant, renal cancer, or renal surgery? If yes, bloodwork needed within the last <b>30 DAYS</b> .	

52. Are you or have you ever been on dialysis? If yes, bloodwork needed within the last <b>30 DAYS</b> .	
53. Do you have diabetes? If yes, bloodwork needed within the last <b>30 DAYS</b> .	

<b><u>MEANINGFUL USE:</u></b>
Race: DECLINED. Ethnicity: DECLINED Smoking Status: DECLINED.
<input type="checkbox"/> SEE RAMSOFT FOR UPDATED INFORMATION.
<b>**If the patient is having a biopsy, also fill out biopsy questionnaire.</b>

**PREP:**

- If exam of any body part is ordered to rule out, or with a diagnosis of, mass, **lump, tumor, or neoplasm**, the MRI must be done with and without contrast.
- MRCP (MR Cholangiogram) - no food or drink **6 hours** before exam.
- MRI Prostate- Use Fleet Enema Kit #3 from your local drug store. Follow the 24 hour prep instructions.
- MRI Abdomen- no food or drink **6 hours** before exam. (Little sips of water during the fasting time are OK.)
- MRI Pelvis- no prep needed.

**QUESTION KEY:**

3. If YES, please specify the name of the network and enter in the name of the proper Network as the Insurance. Call the Network to notify them.  
If NO, patient must sign a “No Network” letter upon arrival.
6. If YES, document where and when below: (PULL REPORTS AND IMAGES)
7. If any, document. Get a copy of surgical report if of the body part we are scanning or if there was an implant.
8. If YES, document in Allergies and put in an Alert in Ramssoft.
10. If YES, document transfer plan.
11. If YES, please specify when and details. Bring to a Tech to see if study should be done with contrast.
12. If more than 1 within the year bring to the radiologist.
13. If YES, only ultrasound allowed until next period (or document Radiologist approval and patient to sign a pregnancy waiver)
16. If YES, what type of eye surgery? If implant, document implants make, model, and serial #(s) below and check for MRI compatibility.
17. If YES, order orbital x-ray. If metal is found in eye, NO MRI until removed! Ask radiologist for alternative study to suggest.
18. If YES, and in brain, NO MRI!  
If YES to head/neck area, X-Ray needed 1<sup>st</sup>!  
If 1-inch away from Heart, NO MRI! Any other gunshot wounds near the heart will be treated on a case by case basis with the Medical Dir.  
If YES, and less than 6 weeks ago, get Radiologist’s approval, document and schedule MRI in 6 weeks.
19. If YES, get operative report.
20. If YES, document implant make, model, and serial #(s) below and check for MRI compatibility.
21. If YES, NO MRI! Ask radiologist for alternative study to suggest.
22. If YES, where and when and get surgery report and details.
23. If YES, document implant make, model, and serial #(s) below and check for MRI compatibility. Get surgical report.
24. If YES, document implant make, model, and serial #(s) below and check for MRI compatibility. If yes to hearing aid, remove before MRI.

Name:

- 26.-27.** If joint replacement is less than 6 weeks old, schedule an MRI in 6 weeks and see below. If artificial limb, remove before MRI. Do transfer plan, if needed.
- 28.-29.** If YES, document implant make, model, and serial #(s) below and check for MRI compatibility.
- 30.** If YES, remove before MRI. If not removable, document type below and if it is MRI compatible.
- 31.** If YES, were the benefits of 3T explained?
- 32.** Follow Valium workflow and do Valium Prescreening.