Cleveland Clinic
School of Health Professions

MRI Screening Questionnaire

Name: _____

Male: ☐ Female: ☐ Height: _____ Weight: _____

		Comments
Have you had an MRI before?	Yes: ☐ No: ☐	_____
If yes, did you have any complications with the MRI?	Yes: ☐ No: ☐	_____
Have you ever had an allergic reaction to MRI contrast?	Yes: ☐ No: ☐	_____
Have you had a prior injury by a metal object to any body part?	Yes: ☐ No: ☐	_____
If yes, was the metal object medically removed?	Yes: ☐ No: ☐	_____
Are you currently on dialysis?	Yes: ☐ No: ☐	_____

Please check all personal items and implants you have:

☐ *Hair pins/wig ☐ *Piercings ☐ Loop Recorder ☐ Screws/Plates/Pins

☐ Eye Implant ☐ Artificial Joint ☐ Spinal Rods/Hardware

Please mark all of the following items/implants you currently have:

☐ *Hearing Aid
☐ *Medication patch
☐ *Insulin pump
☐ *Continuous Glucose Monitor
☐ Pacemaker or Defibrillator
☐ Stimulator (e.g. DBS, VNS, SCS, bladder)
☐ Pain or baclofen pump
☐ Ear/cochlear implant
☐ Programmable shunt
☐ IV access port
☐ Aneurysm clips
☐ Coils
☐ Filters
☐ Stents (other than heart)
☐ IUD
☐ Penile implant
☐ Tissue expanders (does not include breast implants)
☐ None
☐ Additional information: _____

***These items must be removed prior to entering the MRI exam room to prevent damage to the item and/or harm to you.**

☐ I acknowledge that I will remove these items prior to entering the MRI exam room

Signature of Applicant: _____ Date: _____

June 2025