

WESTCHESTER MEDICAL CENTER
VALHALLA, NEW YORK 10595

DEPARTMENT OF RADIOLOGY
MRI QUESTIONNAIRE

PATIENT NAME: DOB:
PT#: MR#:
STUDY:
COMPLETED BY: PGR:

CARDIAC PACEMAKER: Yes/No
IMPLANTED CARDIAC DEFIBRILLATOR: Yes/No
ANEURYSM CLIP(S): Yes/No
CAROTID ARTERY VASCULAR CLAMP: Yes/No
NEUROSTIMULATOR: Yes/No
INSULIN OR INFUSION PUMP: Yes/No
IMPLANTED DRUG INFUSION DEVICE: Yes/No
BONE GROWTH/FUSION STIMULATOR: Yes/No
COCHLEAR, OTOLOGIC OR EAR IMPLANT: Yes/No
ANY TYPE OF PROSTHESIS (EYE, PENILE, ETC) Yes/No
HEART VALVE PROSTHESIS: Yes/No
ARTIFICIAL LIMB OR JOINT: Yes/No
ELECTRODES (ON BODY, HEAD OR BRAIN): Yes/No
INTRAVASCULAR STENTS, FILTER, OR COILS: Yes/No
SHUNT (SPINAL OR INTRAVENTRICULAR): Yes/No
VASCULAR ACCESS PORT AND/OR CATHETER: Yes/No
SWAN-GANZ CATHETER: Yes/No
ANY IMPLANT HELD IN PLACE BY A MAGNET: Yes/No
TRANSDERMAL DELIVERY SYSTEM (NITRO, NICOTINE) Yes/No
IUD OR DIAPHRAGM: Yes/No
TATOOED MAKEUP (EYELINER, LIPS, ETC): Yes/No
BODY PIERCING(S): Yes/No
ANY METAL FRAGMENTS: Yes/No
INTERNAL PACING WIRES: Yes/No
AORTIC CLIPS: Yes/No
METAL OR WIRE MESH IMPLANTS: Yes/No
WIRE SUTURES OR SURGICAL STAPLES: Yes/No
HARRINGTON RODS (SPINE): Yes/No
METAL RODS IN BONE: Yes/No
BONE/JOINT PIN, SCREW, NAIL, WIRE, PLATE: Yes/No
HEARING AID (REMOVE BEFORE MRI): Yes/No
DENTURES: (REMOVE BEFORE MRI): Yes/No
BREATHING DISORDER (E.G. ASTHMA): Yes/No
MOTION DISORDER: Yes/No
CLAUSTROPHOBIA: Yes/No
ANXIETY: Yes/No
TRACHEOTOMY TUBE (BIVONA): Yes/No
CHILD ABDUCTION VERICLIP BAND: Yes/No
JOINT REPLACEMENT: Yes/No
IF YES SPECIFY LOCATION:
PREGNANT: Yes/No
IF YES SPECIFY TERM:
OTHER: Yes/No
IF YES SPECIFY:
ADDITIONAL INFO:

Print Name & Title
HC-2019-11

Signature

Date & Time