

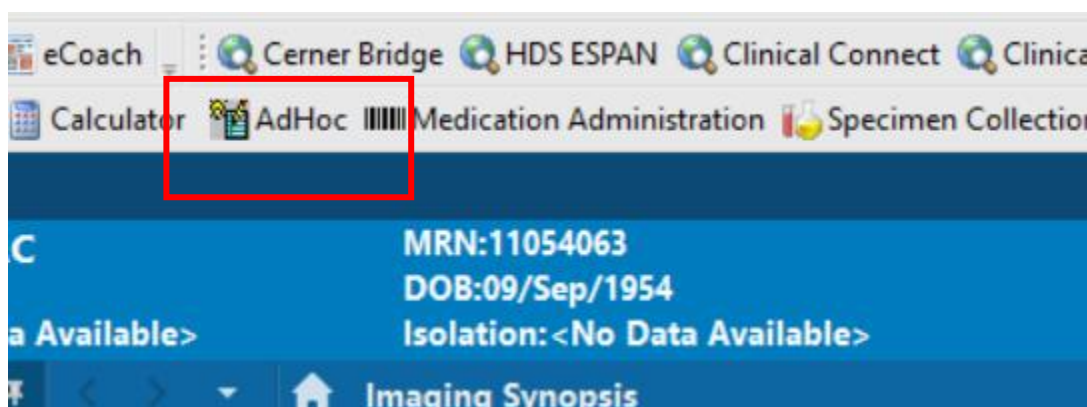
Ad Hoc Power form Radiology

Adhoc Power forms: This refers to using a specific form built for charting within Millennium

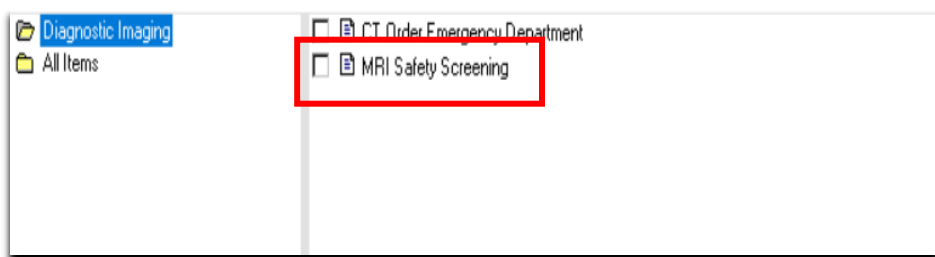
MRI has a Screening form built to be used by:

- a. Clinical staff with the patient and their families (especially if the patient is unable to answer questions)
- b. MRI technologist documents MRI screening patient while they are in the department day of their exam

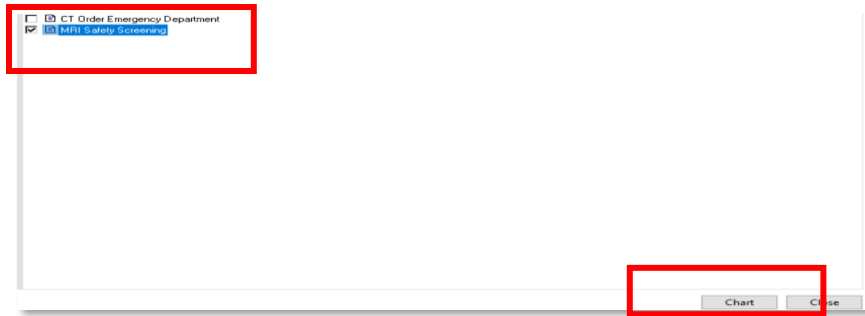
It can be found by clicking on the Adhoc button within the patient's Power Chart



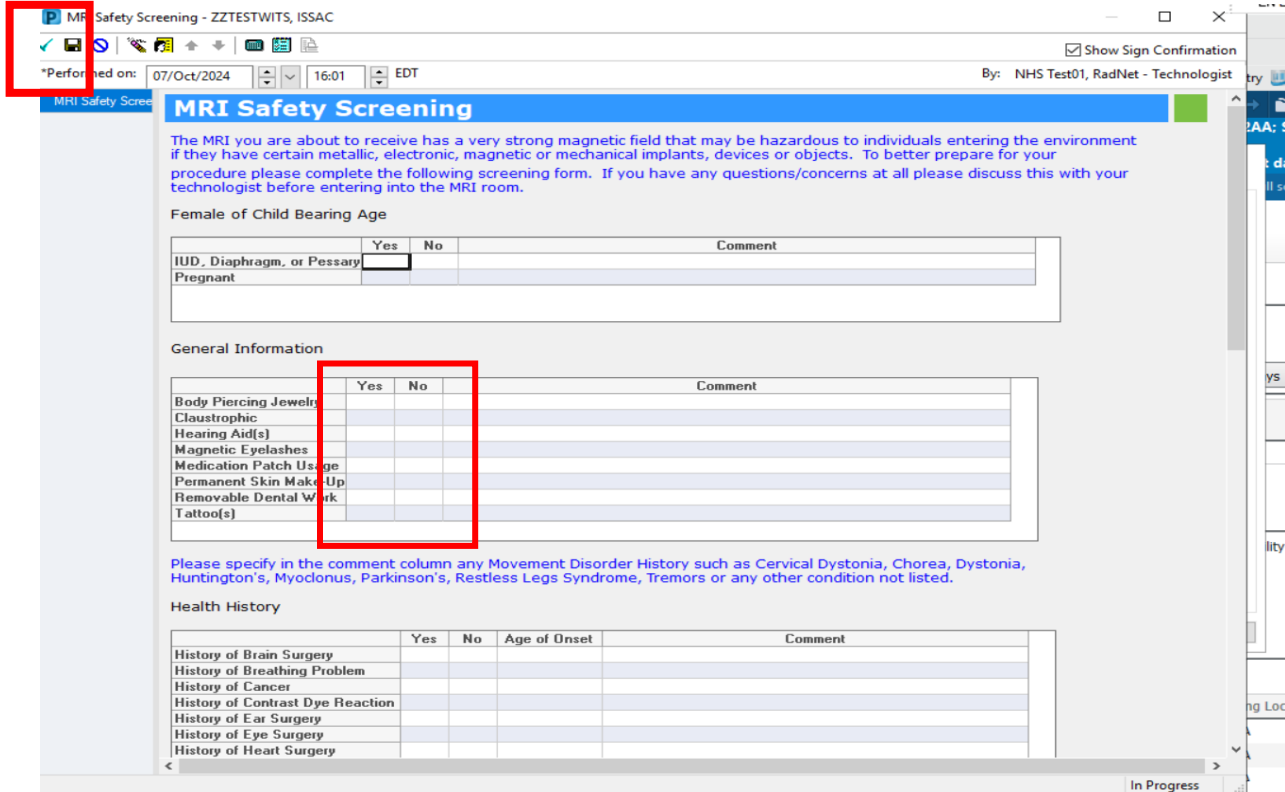
This will open up to Diagnostic Imaging folder



Click on MRI Safety screening and then click on bottom right hand corner to chart



Fill out the Screening form and click on the green check mark at the top left hand corner this will save the documentation



MRI Safety Screening - ZZTESTWITS, ISSAC

*Performed on: 07/Oct/2024 16:01 EDT By: NHS Test01, RadNet - Technologist

MRI Safety Screening

The MRI you are about to receive has a very strong magnetic field that may be hazardous to individuals entering the environment if they have certain metallic, electronic, magnetic or mechanical implants, devices or objects. To better prepare for your procedure please complete the following screening form. If you have any questions/concerns at all please discuss this with your technologist before entering into the MRI room.

Female of Child Bearing Age

	Yes	No	Comment
IUD, Diaphragm, or Pessary	<input type="checkbox"/>	<input type="checkbox"/>	
Pregnant	<input type="checkbox"/>	<input type="checkbox"/>	

General Information

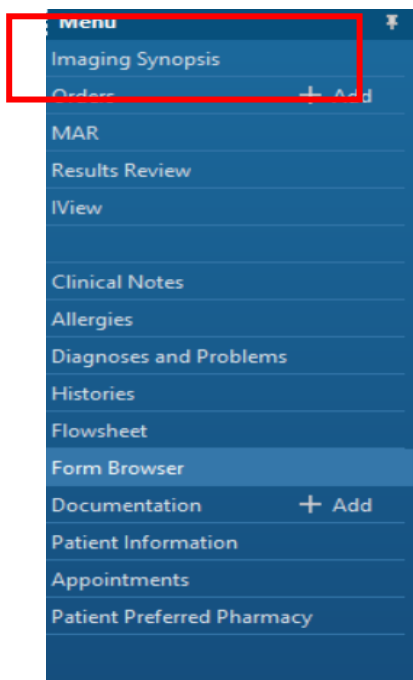
	Yes	No	Comment
Body Piercing Jewelry	<input type="checkbox"/>	<input type="checkbox"/>	
Claustrophobic	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing Aid(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Magnetic Eyelashes	<input type="checkbox"/>	<input type="checkbox"/>	
Medication Patch Usage	<input type="checkbox"/>	<input type="checkbox"/>	
Permanent Skin Make-Up	<input type="checkbox"/>	<input type="checkbox"/>	
Removable Dental Work	<input type="checkbox"/>	<input type="checkbox"/>	
Tattoo(s)	<input type="checkbox"/>	<input type="checkbox"/>	

Please specify in the comment column any Movement Disorder History such as Cervical Dystonia, Chorea, Dystonia, Huntington's, Myoclonus, Parkinson's, Restless Legs Syndrome, Tremors or any other condition not listed.

Health History

	Yes	No	Age of Onset	Comment
History of Brain Surgery	<input type="checkbox"/>	<input type="checkbox"/>		
History of Breathing Problem	<input type="checkbox"/>	<input type="checkbox"/>		
History of Cancer	<input type="checkbox"/>	<input type="checkbox"/>		
History of Contrast Dye Reaction	<input type="checkbox"/>	<input type="checkbox"/>		
History of Ear Surgery	<input type="checkbox"/>	<input type="checkbox"/>		
History of Eye Surgery	<input type="checkbox"/>	<input type="checkbox"/>		
History of Heart Surgery	<input type="checkbox"/>	<input type="checkbox"/>		

Any screening documentation using the form prior to the patient's appointment by HCP's can be viewed by the MRI technologist. Click on "Imaging Synopsis" at the top of the bar on the left-hand side within the patient's chart



The technologist will then scroll down to Documents and can open up the saved form to view prior to sending for the patient for their MRI examination.

