

MRI REQUISITION AND SAFETY QUESTIONNAIRE

In-patients – Also complete MRI In-Patient Safety Checklist, form #826033

Patient Name (last) _____
 (first) _____
 DOB (dd/mm/yyyy) _____
 PHN _____ MRN _____
 Account/Visit # _____
IH USE ONLY

Booking Office Use	Appointment Date/Time _____	Date Received _____	Initial _____	IMPORTANT: Incomplete or illegible forms will be returned. Exam will be delayed or cancelled.
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Patient name (last) _____ (first) _____
 DOB (dd/mm/yyyy) _____ PHN _____ Sex: F M
 Patient Address _____ City/Town _____ Province _____ Postal Code _____
 Phone (1) _____ Phone (2) _____ Patient Height _____ Patient Weight _____
 Available on short notice: Yes No Unavailable dates _____
Billable to: MSP ICBC WorkSafeBC Claim # _____ Patient Other _____
 Precautions Wheelchair Mechanical Lift Difficult IV/PICC line Ambulance

PRIORITY LEVEL P1 Emergent (*Practitioner must speak with radiologist*) P2 Urgent
Priority Descriptions on reverse side P3 Semi-urgent P4 Non-urgent P5 Date Specific

EXAM REQUESTED _____

CLINICAL INDICATION _____

RELEVANT STUDIES X-ray CT Echo Biopsy Angio US MRI Mammo NM
 IH Other, where? _____

PATIENT PRE-EXAMINATION A health provider **MUST** complete this section in full before the exam will be booked

<input type="checkbox"/> Yes <input type="checkbox"/> No Claustrophobic (if yes, assess the need to prescribe Ativan®)	<input type="checkbox"/> Yes <input type="checkbox"/> No Pregnant and /or breastfeeding
<input type="checkbox"/> Yes <input type="checkbox"/> No Chronic Kidney Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No Cardiac Pacemaker or Implanted Cardiac Device (if yes, MAKE & MODEL) _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Acute Kidney Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No Coronary or Vascular stent: Make and Model, Date _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Dialysis Patient	<input type="checkbox"/> Yes <input type="checkbox"/> No Artificial heart valve, catheter, filter or embolization coil: Make and Model, Date _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Breast Tissue Expander (if yes, DO NOT ORDER MRI)	<input type="checkbox"/> Yes <input type="checkbox"/> No Cerebral Aneurysm Clip: Make & Model, Date: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Electrical Stimulator for Nerve, Bone or Brain	<input type="checkbox"/> Yes <input type="checkbox"/> No Middle Ear Prosthesis: Make: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Hx of metallic orbital foreign body	<input type="checkbox"/> Yes <input type="checkbox"/> No Orthopedic Device or Metallic Prosthesis: Location: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Piercings: Remove prior to exam	<input type="checkbox"/> Yes <input type="checkbox"/> No Prior surgery in area of interest: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Shrapnel, bullets, or BBs	
<input type="checkbox"/> Yes <input type="checkbox"/> No Programmable Shunt	

BREAST MRI Yes No Breast Implants; Type: _____ First day LMP _____
 Yes No HRT

SEDATION Sedation required Sedation arranged General Anesthetic

Name of Practitioner and MSP Practitioner Number (or office stamp)	Signature	Specialty
	Date (dd/mm/yyyy)	Copy Results To
Phone: _____	Fax: _____	

FOR MEDICAL IMAGING DEPARTMENT USE ONLY

Protocol Sequence: _____ Contrast: Yes No Check with Radiologist

Radiologist Name: _____

Permanent part of the health record

MRI REQUISITION

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MRI Priority Categories	
P1 - Emergent	Where the imaging is critical for the immediate management of the patient. The patient/case should be directly discussed with the Radiologist . This includes Inpatients, Outpatients and Emergency patients.
P2 - Urgent	Lesions/Disease conditions in which immediate treatment is not necessary, or history and physical findings do not require immediate treatment but DO require prompt evaluation . The results of the MRI study will likely alter patient management and provide additional information for surgical or medical management.
P3 - Semi-urgent	Lesions/Disease conditions in which immediate treatment is not necessary, or history and physical findings DO NOT require immediate treatment and delays in MRI evaluation will not negatively affect treatment outcomes. The results of the MRI study will likely alter patient management and provide additional information for surgical or medical management.
P4 - Non-urgent	When MRI is required for follow-up on patients with stable findings, or lesions/disease conditions which may undergo slow progression, or when surgery is not required, or limited therapeutic options are available.
P5 - Date Specific	This category is used when a specific date or follow-up timeline is required.

MRI Prioritization Guidelines can be located on the BC Guidelines web page at:
[Magnetic Resonance Imaging \(MRI\) Prioritization - Province of British Columbia \(gov.bc.ca\)](http://www.gov.bc.ca/mri)

Definitions	
Angio Angiography	LMP Last menstrual period
CT Computed Tomography	Mammo Mammography
Echo Echocardiography	MRI Magnetic Resonance Imaging
HRT Hormone Replacement Therapy	MSP Medical Services Plan
Hx History	NM Nuclear Medicine
ICBC Insurance Corporation of British Columbia	US Ultrasound
IH Interior Health	

MRI Sites in Interior Health			
Cranbrook	East Kootenay Regional Hospital	13 – 24th Avenue N. Cranbrook, BC V1C 3H9	Phone: (250) 420-2495 Fax: (250) 426-5610
Kamloops	Royal Inland Hospital	311 Columbia Street Kamloops, BC V2C 2T1	Phone: (250) 314-2400 Fax: (250) 314-2326
Kelowna	Kelowna General Hospital	2268 Pandosy Street Kelowna, BC V1Y 1T2	Phone: (250) 862-4458 Fax: (250) 862-4017
Penticton	Penticton Regional Hospital	550 Carmi Avenue Penticton, BC V2A 3G6	Phone: (250) 492-9007 Fax: (778) 622-1828
Trail	Kootenay Boundary Regional Hospital	1200 Hospital Bench Trail, BC V1R 4M1	Phone: (250) 364-3416 Fax: (250) 364-3435
Vernon	Vernon Jubilee Hospital	2101 – 32 Street Vernon, BC V1T 5L2	Phone: (250) 558-2106 Fax: (250) 558-2103

Permanent part of the health record