Interior Health

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.

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
Priority Descriptions on reverse side

☐ P1 Emergent *(Practitioner must speak with radiologist)* ☐ P2 Urgent
☐ 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**

☐ Yes ☐ No Claustrophobic (if yes, assess the need to prescribe Ativan®)
☐ Yes ☐ No Chronic Kidney Disease
☐ Yes ☐ No Acute Kidney Injury
☐ Yes ☐ No Dialysis Patient
☐ Yes ☐ No Breast Tissue Expander (if yes, ***DO NOT ORDER MRI***)
☐ Yes ☐ No Electrical Stimulator for Nerve, Bone or Brain
☐ Yes ☐ No Hx of metallic orbital foreign body
☐ Yes ☐ No Piercings: Remove prior to exam
☐ Yes ☐ No Shrapnel, bullets, or BBs
☐ Yes ☐ No Programmable Shunt

☐ Yes ☐ No Pregnant and/or breastfeeding
☐ Yes ☐ No Cardiac Pacemaker or Implanted Cardiac Device (***if yes, MAKE & MODEL***) _____
☐ Yes ☐ No Coronary or Vascular stent: Make and Model, Date _____
☐ Yes ☐ No Artificial heart valve, catheter, filter or embolization coil: Make and Model, Date _____
☐ Yes ☐ No Cerebral Aneurysm Clip: Make & Model, Date: _____
☐ Yes ☐ No Middle Ear Prosthesis: Make: _____
☐ Yes ☐ No Orthopedic Device or Metallic Prosthesis: Location: _____
☐ Yes ☐ No Prior surgery in area of interest: _____

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
Phone: Fax:	Date (dd/mm/yyyy)	Copy Results To

FOR MEDICAL IMAGING DEPARTMENT USE ONLY

Protocol Sequence: Contrast: ☐ Yes ☐ No ☐ Check with Radiologist

Radiologist Name:

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MRI REQUISITION

Interior Health

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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)

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

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Clear Form Print Form