

**OUTPATIENT MRI SCREENING**  
**BAARITAANKA BUKAAN-SOCODKA MRI**

SOMALI

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Magaca: \_\_\_\_\_ Taariikhda Dhalashada: \_\_\_\_\_ Dhererka: \_\_\_\_\_ Miisaanka: \_\_\_\_\_

Patient or family member MUST fill out the form completely PRIOR to the MRI exam.  
**Bukaanka ama xubin qoyska ka tirsan WAA IN ay buuxiyaan foomka si buuxda KA HOR baaritaanka MRI.**

Please indicate if you have any of the following items:  
**Fadlan sheeg haddii aad leedahay mid ka mid ah waxyaabahan soo socda:**

YES NO  
Haa Maya

**QUESTIONS FOR MRI ELIGIBILITY/METAL SCREENING**  
**SU'AALAHA LOOGU TALAGALAY U-QALMITAANKA MRI / BAARITAANKA BIRTA**

- Have you ever had an MRI scan?  
**Weligaa iskaanka MRI ma lagu saaray?**
- Do you currently have an implanted cardiac pacemaker or defibrillator?  
**Hadda ma leedahay oo ma lagu tallaalay qalabka wadnaha (pacemaker) ama defibrillator?**
- Have you ever had a cardiac pacemaker or defibrillator removed?  
**Weligaa ma lagaa saaray qalabka wadnaha pacemaker ama defibrillator?**
- Do you have restless legs, tremors or are you unable to lie flat?  
**Miyaad leedahay lugo aan nasanayn, gariir ama ma awoodid inaad si siman u jiifsato?**

**Please indicate if you have:**  
**Fadlan sheeg haddii aad leedahay**

- Aneurysm clips in your brain? If yes, in which institution were they placed: \_\_\_\_\_  
**Maskaxdaada ma ku jirtaa aneurysm clips (birta wax la isugu qabto)? Haddii ay haa tahay, machadkee lagugu sameeyay?**
- A neurostimulator, deep brain stimulator, vagus nerve stimulator, spinal cord stimulator (implanted or removed)?  
**Qalabka siiya kicin koronto dareemayaasha (neurostimulator), Kiciyaha maskaxda ee qotoda dheer, Kiciyaha neerafaha vagus, Kiciyaha xudunta laf-dhabarta (lagu beeray (la dhexgeshay) ama laga saaray)?**
- An implanted drug pump (e.g., insulin, baclofen, chemotherapy, pain medicine)?  
**Bamka daawada oo lagugu beeray (Dhexgeliyey) (tusaale, insulin, baclofen, kiimoterabiga, daawada xanuunka)?**
- Any internal electrodes (e.g., doppler wires, abandoned or fractured leads)?  
**Qalab kasta oo koronto oo gudaha ah (tusaale, fiilooyinka doppler, leads lagaaga tegay ama jabid ah)?**
- Vascular clips, GI clips, intravascular filters, artificial heart valves, or coils?  
**Clips-ka xididdada dhiigga, clips-ka caloosha iyo mindhicirada, filtarrada xididdada dhiigga, tuubooyinka wadnaha macmalka ah, ama gariiradaha?**
- A capsule endoscopy or ingested a "pill cam" in the last six months?  
**Kaabsalka kamarada caloosha (endoscopy) ama ma qaadatay "kiniiniga cam" lixdii bilood ee la soo dhaafay?**

PLACE PATIENT LABEL HERE

**UW Medicine**  
Harborview Medical Center – University of Washington Medical Center  
UW Medicine Primary Care – Valley Medical Center – UW Physicians

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YES NO  
Haa Maya

- Coronary, abdominal, vascular, or other stents in your body?  
**Halbowlayaasha, caloosha, xididdada dhiigga, ama stents kale oo jirkaaga ku jira?**
- An implant held in place or controlled by a magnet (e.g., programmable shunt)?  
**Qalab lagu hayo meel lagu beeray ama uu kantaroolo magnet (tusaale, shunt-ka la borogaraamin karo)?**
- A surgically placed non-programmable shunt (e.g. TIPS)? If yes, what type: \_\_\_\_\_  
**Qalitaan lagu meeleeeyey am geliyey shunt aan la borogaramin karin (tusaale TIPS)? Haddii ay haa tahay, nooc ee?**
- A loop recorder?  
**Duube loop ah (rikoore loop ah)**
- Eye implants?  
**Indho lagugu beeray (isha la gashado)**
- Breast tissue expanders?  
**Balaadhiyeyaasha unugyada ama nudaha naaska?**
- Any orthopedic hardware (e.g., pins, rods, screws, nails, wires, or plates)?  
**Qalab kasta oo lafaha ah (tusaale, biinan, ulo bir ah, boolal, cidiyo, fiilooyin, ama saxano)?**
- An artificial/prosthetic limb or joint replacement?  
**Xubin macmal ah /prosthetic ah (lug ama gacan) ama beddel isgoys?**
- A penile implant, IUD, Implanon/Nexplanon, or diaphragm birth control?  
**Qalabka la dhexgeliyo guska (talaallo), IUD, Implanon/Nexplanon, ama ka-hortagga uur-qaadista ee bogga (diaphragm)?**
- A glucometer sensor or any medication patches (e.g., nitroglycerin, nicotine, hormone, anti-nausea, pain)?  
**Dareemaha glucometer ama balastar kasta oo daawo ah (tusaale, nitroglycerin, nicotine, hormoon, lidka lallabbada, xanuun)?**
- Any metallic make-up/nail polish, piercings, or hair implants/accessories (e.g., bobby pins, clips, extensions)?  
**Wax is qurxin bir ah / baalashka ciddiyaha , biraha la geliyo daloolada, ama timo la isku beero / agabka (sida biinanka bobby, kilibiska(clips), ama fidinta)?**
- Tattoos or tattooed eyeliner placed within the last 6 weeks?  
**Tattoos ama indho-kuul tattoo oo indhaha la mariyay ama la saartay lixdii toddobaad ee ugu dambaysay?**
- Dentures? If yes, are they removable? Yes  No   
**Ilko macmal ah? Haddii ay haa tahay, ma la saari karaa? Haa Maya**
- Any metal in your body such as shrapnel, gunshot wound, or BB pellet?  
**Ma jiraan wax bir ah oo ku jira jidhkaaga sida fildhiidh bam (shrapnel), dhaawac xabad, ama BB pellet?**
- Any pieces of metal in your eyes?  
**Ma jiraan qaybo bir ah oo indhahaaga ku jira?**
- Worked as metal worker, grinder, welder, machinist, etc. as a hobby or profession?  
**Shaqeeyey sida dadka ka shaqeeya biraha, shiida biraha, alxanka, mashiiniiste, iwm. hiwaayad ahaan ama xirfad ahaan?**
- Surgery to your inner ear?  
**Qalliin gudaha dhegta ah?**

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YES NO  
Haa Maya

- Ear implants (e.g., cochlear, Baha, stapes prosthesis, or tubes)?  
**Qalab-ku-talaallid dhegta ah (tusaale, codqaadaha(cochlear), Baha, stapes sanaaci ah, ama tuubooyinka)?**
- Hearing aids?  
**Qalabka maqalka dhegaha?**
- Any other type of surgically implanted medical devices, removable medical devices or personal items not covered above? If yes, what type: \_\_\_\_\_  
**Nooc kale oo ah qalab caafimaad oo qalliin lagugu rakibay, aaladaha caafimaadka ee la iska soo saari karo ama alaabta gaarka ah ee aan kor lagu soo sheegin? Haddii ay haa tahay, Waa noocma:**

**QUESTIONS FOR GADOLINIUM CONTRAST ADMINISTRATION**  
**Su'aalaha loogu talagalay maamulka/siinta "gadolinium contrast"**

- Do you have any allergies? If yes, please list: \_\_\_\_\_  
**Ma leedahay wax xasaasiyad ah (allerji)? Haddii ay haa tahay, fadlan qor:**
- Are you allergic to MRI contrast? If yes, are you pre-medicated?  
**Miyaad xasaasiyad (allerji) ku yeelataa MRI contrast? Haddii ay haa tahay, ka hor daawo ma lagu sii siiyaa?**  
Yes  No   
**Haa Maya**
- Do you have kidney problems, decreased kidney function, or a family history of kidney problems?  
**Miyaad leedahay dhibaatooyin kelyaha ah, shaqada kelyaha oo hoos u dhacday, ama taariikh qoyseed dhibaatooyinka kelyaha ah?**
- Have you ever had kidney surgery or been on dialysis?  
**Waligaa ma lagugu sameeyay qalliin kelyaha ah ama ma lagu sameeyay kelyo-sifayn?**
- Do you have diabetes (Insulin or Non-insulin dependent)?  
**Ma qabtaa cudurka macaanka (sonkorow) (Insulin ama aan insulin ku tiirsanayn)?**
- Are you pregnant or do you suspect that you could be pregnant? Are you nursing an infant?  
**Uur ma leedahay ama ma ka shakisan tahay inaad uur lahaan karto? Miyaad nuujinaysaa ilmo yar?**  
Yes  No   
**Haa Maya**
- Have you received an iron or Feraheme injection in the past 3 months?  
**Miyaa lagugu duray bir (iron) ama Feraheme 3-dii bilood ee la soo dhaafay?**
- If you have a venous access port, do you need it accessed?  
**Haddii aad leedahay marin xideed gelitaan, ma u baahan tahay in la galo?**
- Have you had surgery within the past 6 weeks?  
**Miyaa lagugu sameeyay qaliin 6-dii todobaad ee la soo dhaafay dhexdooda?**
- Have you ever had surgery? If so, what type: \_\_\_\_\_  
**Weligaa ma lagugu sameeyay qaliin? Haddii ay tahay, qalliin nooc ee ah:**

In the past week, have you experienced any of the following: nausea/vomiting, diarrhea, fever/chills? If so, please specify: \_\_\_\_\_

**Asbuucii la soo dhaafay, ma kula kulantay mid ka mid ah kuwan soo socda: lalabbo/matag, shuban, qandho/qarqaryo? Haddii ay tahay, fadlan sheeg:**

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