

OUTPATIENT MRI SCREENING

ናይ ተመላለሰቲ ተሓከምቲ ናይ ኤም ኣር ኣይ/ራጅ መፃሪይ

TIGRINYA

Name: _____ Date of Birth: _____ Height: _____ Weight: _____
ሽም: _____ ዕለት ትውልዲ: _____ ቅመት: _____ ሚዛን/ኩብደት: _____

Patient or family member MUST fill out the form completely PRIOR to the MRI exam.
ቅድሚ መርማራ ኤም ኣር ኣይ (ራጅ) ተሓከምቲ ወይ ኣባል ስድራኡም ነዚ ቅጥዒ ኩሉ ግድን ከመልኡዎ ኣለዎም

Please indicate if you have any of the following items:
ብክብረትካ ስዒቦም ካብ ዘለው እቲ ሓደ እንተሃልዩካ ምልክት ግበር::

YES NO
እዎ ኣይፋልን

QUESTIONS FOR MRI ELIGIBILITY/METAL SCREENING

ሕቶታት ንብቐዕነት ኤም ኣር ኣይ (ራጅ)/ ናይ ሓፂን መፃሪይ

- Have you ever had an MRI scan?
ቅድሚ ሕጅ ኤም ኣር ኣይ (ራጅ) ገይርካ ትፍልጥ ዲኻ ?
- Do you currently have an implanted cardiac pacemaker or defibrillator?
ኣብዚ እዋን እዚ ዝተተኸለካ/ዝተቐበረካ መስተኻኸለ ህርመት ልቢ /ፔስሜከር ወይ ዲፊብሪላተር ኣለካ ድዩ?
- Have you ever had a cardiac pacemaker or defibrillator removed?
መስተኻኸለ ህርመት ልቢ /ፔስሜከር ወይ ዲፊብሪላተር ተወጊዱልካ ይፈልጥ ድዩ?
- Do you have restless legs, tremors or are you unable to lie flat?
ዕረፍቲ ዘይብለን ኣእጋር ኣለውኻ ድዩም፣ ምንቅጥቃጥ/ፈጥፈጥ ዘብል ኮምውን ብሕቕኻ ሰጥ ኢልካ ክትድቅስ ኣይትክእልን ዲኻ?

Please indicate if you have:
ብክብረትካ እንተሃልዩምኻ ኣመልክት:-

- Aneurysm clips in your brain? If yes, in which institution were they placed: _____
ኣብ ሓንጎልካ ዝኣተወካ ሓፂን/ክሊፕ ኣሎ ድዩ? እወ እንተኾይኑ ኣብየናይ ትካል ነይሩ ዝተገበረልካ?
- A neurostimulator, deep brain stimulator, vagus nerve stimulator, spinal cord stimulator (implanted or removed)?
ኒውሮስቲሙለተር፣ ዓሚቕ ሓንጎል ዘነቓቕሕ፣ መነቓቕሕ ሻጉስ ነርቭ ፣ መነቓቕሕ ዓንዲ ሕቕ (ዝተተኸለ ወይ ዝተኣልየ/ዝወፀአ)?
- An implanted drug pump (e.g., insulin, baclofen, chemotherapy, pain medicine)?
ዝተቐበርልካ መፈነዳ መድሃኒት/ፓምፕ (ንኣብነት ኢንሱሊን፣ ባክሎፊን፣ ኬሞቴራፒ፣ መድሃኒት ቃንዛ)?
- Any internal electrodes (e.g., doppler wires, abandoned or fractured leads)?
ዝኾነ ውሽጣዊ ሽቦታት/ብሎናት/ኤሌክትሮድስ (ንኣብነት: ሽቦታት: ዝተደርበየ ወይ ዝተጨደደ ሽቦ(ሊድ)?
- Vascular clips, GI clips, intravascular filters, artificial heart valves, or coils?
ኣብ ውሽጢ ልቢ፣ ውሽጢ መፃፃንጣ/ጂኦይ ዝኣተወ ጎማ/ሓፂን ፣ መፃሪይ ሰራውር ናይ ልቢ/፣ ኣርቲፊሻል ቱቦ ናይ ልቢ ወይ ሸቦ?
- A capsule endoscopy or ingested a "pill cam" in the last six months?
ኣብ ዝሓለፈ ሽዱሽተ ኣዋርሕ ዝተገበረልካ ወይ ዝዋሓጥካ መፃፃጡ ዘሪኢ ክኒና ወይ "ፒል ካም" ?
- Coronary, abdominal, vascular, or other stents in your body?
ኣብ ሰራውር ልቢ፣ኣብ ኩባዲ፣ ኣብ ልቢ ወይ ካልእ መፃፃሒ ቱቦ/ስቴንት ?
- An implant held in place or controlled by a magnet (e.g., programmable shunt)?
ኣብ ቦታኡ ዝተትሓዘ/ዝተተኸለ ወይ ብማግኔት ቕፅፅር ዝግበረሉ (ንኣብነት ፕሮግራም ዝግበረሉ ቱቦ/ ሻንት)?
- A surgically placed non-programmable shunt (e.g. TIPS)? If yes, what type: _____
ብመጥባሕቲ ዝኣቱ ፕሮግራም ዘይግበር ቱቦ/ጎማ (ኣብነት ቲፕስ/ TIPS) እወ እንተኾይኑ ታይ ዓይነት?
- A loop recorder?
ን ህርመት ልቢ ዝቆፃፀርን ዝቐድሕን መሳሪሒ/ ሉፕ?

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- Eye implants?
አብ ዓይኒ ዝኣትው (አብነት ሌንስ)?
- Breast tissue expanders?
ቲሹ (እኹብ ዋህዮታት) ጡብ ዘስፍሕ?
- Any orthopedic hardware (e.g., pins, rods, screws, nails, wires, or plates)?
ዝኹን መፀገኒ መስበርቲ (አብነት ስፒላት፣ ሃጻይን ፣ ብሎናት፣ ምስማራት፣ ሽቦትት ወይ መደግፊታት)?
- An artificial/prosthetic limb or joint replacement?
አርቲፊሻል/ሓገዝቲ አካል ወይ መተካኢታ መላግቦ/እግሪ ?
- A penile implant, IUD, Implanon/Nexplanon, or diaphragm birth control?
አብ ብልዕቲ ተባዕታይ ዝኣቱ (መወንተሪ)፣ መከላኸሊ ጥንሲ አይዩዲ/ IUD (ናይ ማህፀን)፣ኢምፕላንት(ናይ ቅልፅም)፣ወይ ዲያፍራም(ናይ ብልዕቲ)?
- A glucometer sensor or any medication patches (e.g., nitroglycerin, nicotine, hormone, anti-nausea, pain)?
መዐቀኒ ሽኮሪያ/ሴንሰር ወይ ትሕቲ ቆርቦት ዝቆበር ዕሹግ መድሃኒት (አብነት ኒትሮግላይሰሪን፣ኒኮቲን፣ሆርሞን፣ፀረ ዕግርግር፣ ፀረ ቻንዛ) ?
- Any metallic make-up/nail polish, piercings, or hair implants/accessories (e.g., bobby pins, clips, extensions)?
ዝኹን ሓፂናዊ መመላኸዲ/ጽፍሪ ፖሊሽ ፣ንቕሳት ወይ ጸጉሪ ምትካል/መለዋወጢኡ (ንአብነት መድሐዚ ጨጉሪ/ሓፂንን ጎማን ኮሙውን መንውሒ/ አርቲ ጨጉሪ)?
- Tattoos or tattooed eyeliner placed within the last 6 weeks?
አብ ዝሓለፉ 6 አዋርሕ ዝገበርካዮ ንቕሳት/ውቃጦ፣ወይ ኩሕሊ?
- Dentures? If yes, are they removable? Yes No
ሰው ሰራሽ ስኒ? እወ እንተኾይኑ፣ ክኣትውን ክወፅእን ዝኸእል ድዮ ? እወ አይኮነን
- Any metal in your body such as shrapnel, gunshot wound, or BB pellet?
አብ አካላትካ ዝኹን ብረት ከም ስብርባር ባርኔጣ፣ ጥይት፣ መቁስልቲ ናይ ጥይት ?
- Any pieces of metal in your eyes?
አብ ዓይንኻ ዝኹን ቁራጽ ብረት አሎ ድዮ?
- Worked as metal worker, grinder, welder, machinist, etc. as a hobby or profession?
ከም ሰራሕተኛ ሓጺን፣ ከም ጠሓናይ፣ ከም ባዮዳይ፣ ከም ሰራሕተኛ ማሽን /ማሽንሰት ሰራሕካ?
- Surgery to your inner ear?
መጥባሕቲ ውሽጢ እዝንኻ ?
- Ear implants (e.g., cochlear, Baha, stapes prosthesis, or tubes)?
አብ እዝኒ ዝኣትው (አብነት ሓጋዚ መስምዒ/ኮቸላር፣ ባሃ፣ ወይካዓ ቱቦታት)?
- Hearing aids?
መሳሪሒ ሓጋዚ መስምዒ ?
- Any other type of surgically implanted medical devices, removable medical devices or personal items not covered above? If yes, what type: _____
ካልእ ዓይነት ብመጥባሕቲ ዝተተኸለ መሳርሒታት ሕክምና፣ ክውገድ ዝኸእሉ መሳርሒታት ሕክምና ወይ አብ ላዕሊ ዘይተሸፈኑ ውልቃዊ ዝገራት አለው ድዮ? እወ እንተኾይኑ እንታይ ዓይነት:

QUESTIONS FOR GADOLINIUM CONTRAST ADMINISTRATION
ሕቶታት ብዛዕባ ንሰእሊታት አፀቢቑ ዘሪኢ ፈሳሲ (ጋዶሊኒየም ኮንትራስት) አወሃህባ /አመሓድራ

- Do you have any allergies?** If yes, please list: _____
ዝኹን አለርጂ አለካ ዶ? እወ እንተኾይኑ ብኸብረትካ ዘርዘር
- Are you allergic to MRI contrast? If yes, are you pre-medicated? Yes No
ንናይ ኤም አር ኣይ ኮንትራስት/ሰእሊ አፀቢቑ ዘሪኢ ፈሳሲ አለርጂ ይገብረልካ ድዮ? እወ እንተኾይኑ ቀዲምካ ፈውሲ ወሳዳይ ዲኻ?
እወ አይኮነን

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- Do you have kidney problems, decreased kidney function, or a family history of kidney problems?
ናይ ኩሊት ፀገማት፣ ምድካም አገልግሎት ናይ ኩሊት፣ ወይ ስድራቤታዊ ታሪኽ ጸገም ኩሊት አለካ ?
- Have you ever had kidney surgery or been on dialysis?
መጥባሕቲ ኩሊት ጌርካ ወይ ኣብ ሕፅብት ኩሊት/ዳያሊሲስ ኔርካ ትፈልጥ ዲኻ?
- Do you have diabetes (Insulin or Non-insulin dependent)?
ሕማም ሸኮር አለካ ድዩ (ግድን ኢንሱሊን ወይ ዘይ ኢንሱሊን ፈውሲ ዝወስድ)?
- Are you pregnant or do you suspect that you could be pregnant? Are you nursing an infant? Yes No
ነፍሰጾር ዲኺ ወይስ ክትጠንስ ከም እትኸእሊ ትጥርጥሪ? ዕሸል ተጥብው ዲኺ? እወ አይፋልን
- Have you received an iron or Feraheme injection in the past 3 months?
ኣብ ወሽጢ ዝሓለፉ 3 ኣዋርሕ ኣይረን(ብረት) ብመርፍእ ተዋሂቡካ ትፈልጥ ዶ ?
- If you have a venous access port, do you need it accessed?
ናይ ሰራውር መእተዊ ወደብ (መርፍእ) እንተሃልዩካ ነዚ ወደብ ክንጥቀም ትፈቅድ ዲኻ?
- Have you had surgery within the past 6 weeks?
ኣብ ውሽጢ ዝሓለፉ 6 ሰሙናት መጥባሕቲ ጌርካ ዶ?
- Have you ever had surgery? If so, what type: _____
መጥባሕቲ ጌርካ ትፈልጥ ዲኻ? ከምኡ እንተኾይኑ እንታይ ዓይነት:

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

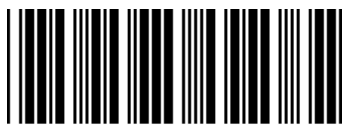
ኣብ ዝሓለፈ ሰሙን፡ ካብዘም ዝሰዕቡ ኣጋጢሙካ ነይሩ ዶ፡- ዕግርግር/ተምላስ፣ ተቕማጥ፣ ዛሕሊ/ረስኒ ? ከምኡ እንተኾይኑ፡ ብክብረትካ ግለፅ

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