

PATIENT HISTORY AND SCREENING FORM FOR MRI

Patient Name: _____ Date: _____ Sex: Male Female Weight: _____

DOB: _____ Age: _____ Referring Physician: _____

Clinical History: (Please explain your medical problems that are the reason for having an MRI today): _____

FOR SPINE EXAMS: ANY ARM OR LEG PAIN? RIGHT LEFT NONE

Have you had a previous exam related to this problem? YES NO

If Yes, where was the exam(s) performed? _____

Is there any possibility of pregnancyYes No

DO YOU HAVE ANY OF THE FOLLOWING ITEMS IN YOUR BODY?

PacemakerYes No

Ear/Cochlear Implant or hearing aidsYes No

Brain/Aneurysm ClipsYes No

Metal in Eyes, past or presentYes No

Metal fragments, Implants, or Shrapnel in body, past or presentYes No

If Yes, where? _____

Implanted electrical deviceYes No

NeurostimulatorsYes No

StentsYes No

Dentures held in with magnetsYes No

Tattoos/Permanent Make-upYes No

Body piercingsYes No

LIST PREVIOUS

Surgeries _____

History of CancerYes No

If Yes, where? _____

CONTRAST HISTORY

Have you ever had an injection of contrast for an MRIYes No

Any previous reaction to MR ContrastYes No

If yes, did you experience any of the following:

HivesYes No

Shortness of breathYes No

Other problems (Explain) _____

DiabetesYes No

Single Kidney or Kidney disease, transplant, failure.....Yes No

Liver disease, transplant, failure.....Yes No

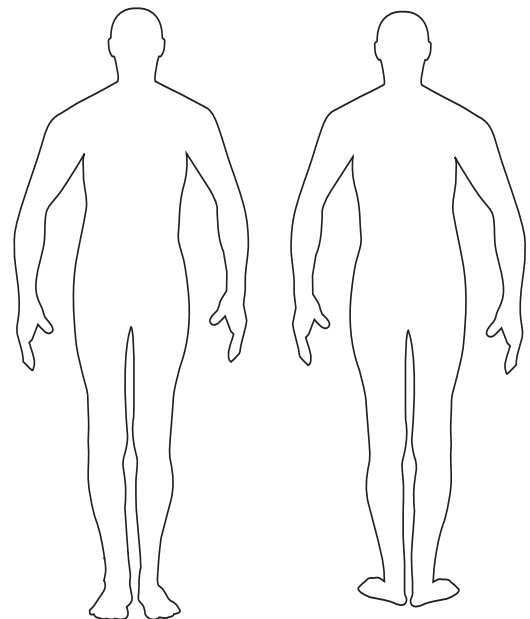
High Blood Pressure.....Yes No

Currently receiving Dialysis / Blood Transfusions.....Yes No

Female Patients

Are you currently breast-feedingYes No

Please Indicate Any Areas of Pain



Front

Back

Not applicable to this exam

_____ CC of _____ With a _____

at _____ X _____

Lot _____

Expiration Date _____

Site Location _____

By _____

Contrast Reaction Yes No

Physician Covering Contrast _____

Explain: _____

I have answered these questions to the best of my knowledge and understand the information presented to me. I have also informed the technologist that I am not pregnant at this time.

Patient/Parent/Legal Guardian Signature Date _____ Time _____

Witness Signature Date _____ Time _____