

Focused on Providing Superior and Expanded Imaging Care

## MRI QUESTIONNAIRE

PATIENT NAME: \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_

STUDY ORDERED: \_\_\_\_\_

REF. DR: \_\_\_\_\_

REASON FOR STUDY: \_\_\_\_\_

DURATION OF SYMPTOMS: \_\_\_\_\_ SURGERY TO AREA? \_\_\_\_\_

ALLERGIES TO MEDICATIONS: \_\_\_\_\_

PREVIOUS STUDIES?: YES NO DONE HERE?: YES NO

DONE ELSEWHERE?: \_\_\_\_\_

NOT RELEASED      RELEASED      TOLD TO BRING BACK

DO YOU HAVE/OR HAD CANCER? YES NO WHERE: \_\_\_\_\_

**CLAUSTROPHOBIC?** YES / NO / NOT SURE

WORKED AROUND METAL(GRINDING, LATHES, WELDING)? YES NO

ANYTHING EVER REMOVED FROM EYES? YES NO

ANY BRAIN/HEART SURGERY? YES NO DESCRIBE: \_\_\_\_\_

PACEMAKER/HEART VALVES/STENT? YES NO DESCRIBE: \_\_\_\_\_

\_\_\_\_\_  
(PLEASE BRING CARD OR INFO. ON THE DEVICE)

ANEURYSM CLIPS: YES NO ANY IMPANTS IN BODY: YES NO

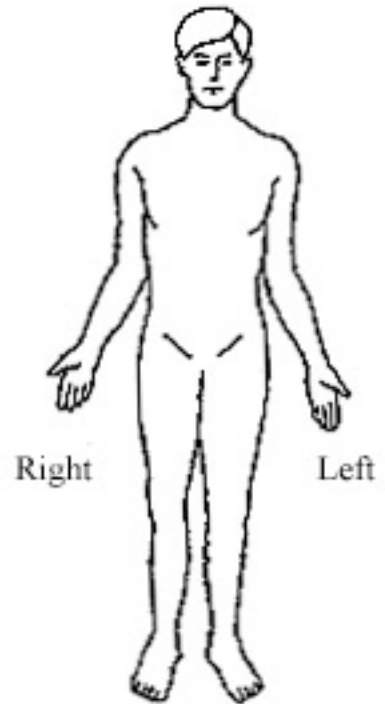
### For Tech Use Only:

Signs & Symptoms:
Surgical History:
Contrast Dosage & Type:

**Some of the following items may be hazardous to your safety and some can interfere with the MRI examination. Do you have any of the following?**

- Yes  No Cardiac pacemaker
- Yes  No Implanted cardiac defibrillator
- Yes  No Aneurysm clip(s)
- Yes  No Carotid artery vascular clamp
- Yes  No Neurostimulator
- Yes  No Insulin or infusion pump
- Yes  No Implanted drug infusion device
- Yes  No Bone growth/fusion stimulator
- Yes  No Cochlear, otologic, or ear implant
- Yes  No Any type of prosthesis (eye, penile, etc.)
- Yes  No Heart valve prosthesis
- Yes  No Artificial limb or joint
- Yes  No Electrodes (on body, head, or brain)
- Yes  No Intravascular stents, filters, or coils
- Yes  No Shunt (spinal or intraventricular)
- Yes  No Vascular access port and/or catheter
- Yes  No Swan-Ganz catheter
- Yes  No Any implant held in place by a magnet
- Yes  No Transdermal delivery system (Nitro)
- Yes  No IUD or diaphragm
- Yes  No Tattooed makeup (eyeliner, lips, etc.)
- Yes  No Body piercing(s)
- Yes  No Any metal fragments
- Yes  No Internal pacing wires
- Yes  No Aortic clip
- Yes  No Metal or wire mesh implants
- Yes  No Wire sutures or surgical staples
- Yes  No Harrington rods (spine)
- Yes  No Metal rods in bones
- Yes  No Joint replacement \_\_\_\_\_
- Yes  No Bone/joint pin, screw, nail, wire, plate
- Yes  No Hearing aid (Remove before MRI)
- Yes  No Dentures (Remove before MRI)
- Yes  No Breathing disorder
- Yes  No Motion disorder
- Yes  No Claustrophobia
- Yes  No Anxiety
- Yes  No Other, please explain: \_\_\_\_\_

Please mark the location of any implant or metal inside of or on your body on the figure below.



**Before your MRI, please remove all metallic objects including keys, hair pins, barrettes, jewelry, watch, safety pins, paperclips, money clip, credit cards, coins, pens, belt, metal buttons, pocket knife, and clothing with metal in the material.**

**NOTE: YOU ARE REQUIRED TO WEAR EARPLUGS OR EARPHONES DURING THE MRI EXAMINATION.**

\_\_\_\_\_  
Signature of Person Completing Form

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Form completed by:  Patient  Relative \_\_\_\_\_  
Name and relationship to patient

Physician or other \_\_\_\_\_  
Name and relationship to patient