MRI Patient Questionnaire

Place Patient Label Here

Date	Age	Date of Birth
/ /	Years Old	Social Security # _____-_____-_____

1. Have you had prior surgery or an operation (e.g. arthroscopy, endoscopy, etc) of any kind? No ☐ Yes ☐
If yes, please indicate the date and type of surgery below:

Type: Date: Type: Date:

2. Have you had a previous Diagnostic Imaging study or examination (MRI, CT, Ultrasound, X-ray, etc)? No ☐ Yes ☐
If yes, please indicate the date, facility name and address, phone number and body parts.

Procedure	Date	Body Part	Facility Name & Address	Phone No.
MRI				
CT/ CAT SCAN				
X-RAY				
ULTRASOUND				
NUCLEAR MEDICINE				
OTHER				

3. Have you experienced any problem related to a previous MRI examination or MR procedure? No ☐ Yes ☐

4. Have you had an injury to the eye involving a metallic object or fragment (e.g. metallic silver shavings, foreign body, etc)? No ☐ Yes ☐
If yes, please describe:

5. Have you ever been inured by a metallic object or foreign body (e.g. BB, Bullet, Shrapnel, etc)? No ☐ Yes ☐

6. Have you ever worked as a hobbyist or through employment in am metal shop, tool and die shop, or handled power tools involved in cutting or welding metal, or engaged in similar activities using metal? No ☐ Yes ☐

7. Are you currently or have recently taken any medication or drug? No ☐ Yes ☐

8. Are you allergic to any medication? No ☐ Yes ☐

9. Have you ever had an allergic reaction to iodine, or any other contrast material or dye used for an MRI or CT examination? No ☐ Yes ☐

10. Do you have anemia or any disease(s) that your blood, a history of renal (kidney) disease or seizure? No ☐ Yes ☐

FOR FEMALE PATIENTS

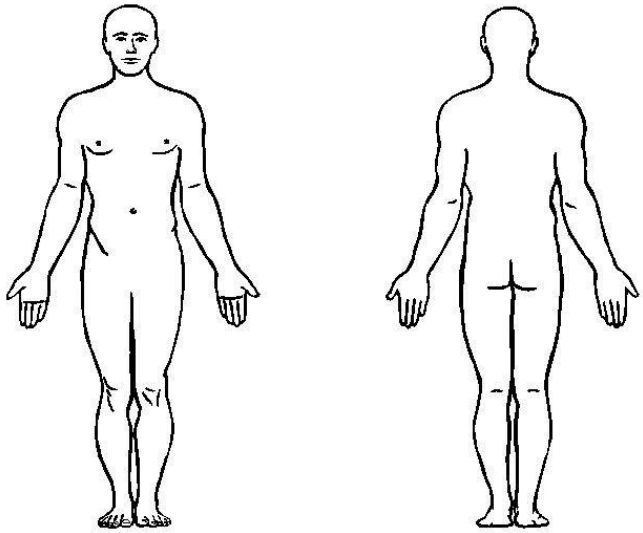
11. Are you pregnant? No ☐ Yes ☐

WARNING: Certain implants, devices or objects may be hazardous to you and/ or may interfere with the MRI procedure (i.e. MRI, MRI angiography, functional MRI, MRI spectroscopy). Do not enter the MRI system room or MRI environment if you Have any questions or concerns regarding an implant, device, or object. Consult the MRI Technologist or Radiologist BEFORE entering the MRI system room. The MRI system magnet is ALWAYS on.

Please indicate if you have any of the following:

Aneurysm clip(s)	No□	Yes□
Cardiac Pacemaker	No□	Yes□
Implanted cardioverter defibrillator (ICD)	No□	Yes□
Electronic Implant or device	No□	Yes□
Magnetically-activated implant or device	No□	Yes□
Neurostimulation system	No□	Yes□
Spinal cord stimulator	No□	Yes□
Internal electrodes or wires	No□	Yes□
Bone growth/bone fusion stimulator	No□	Yes□
Cochlear, otologic, or other ear implant	No□	Yes□
Insulin or other infusion pump	No□	Yes□
Implanted drug infusion device	No□	Yes□
Any type of prosthesis (eye, penile, etc)	No□	Yes□
Heart valve prosthesis	No□	Yes□
Eyelid spring or wire	No□	Yes□
Artificial or prosthetic limb	No□	Yes□
Metallic stent, filter or coil	No□	Yes□
Shunt (spinal or intraventricular)	No□	Yes□
Vascular access port and/or catheter	No□	Yes□
Radiation seeds or implants	No□	Yes□
Swan-Ganz or thermo dilution catheter	No□	Yes□
Medication patch (Nicotine, Nitroglycerine)	No□	Yes□
Any metallic fragment or foreign body	No□	Yes□
Wire mesh implant	No□	Yes□
Tissue expander (e.g. breast)	No□	Yes□
Surgical staples, clips, or metallic sutures	No□	Yes□
Joint replacement (hip, knees, etc)	No□	Yes□
Bone/joint pin, screw, nail, wire, plate. Etc.	No□	Yes□
IUD, diaphragm, pessary	No□	Yes□
Dentures or partial plates	No□	Yes□
Tattoo or permanent makeup	No□	Yes□
Body piercing jewelry	No□	Yes□
Hearing aid (remove before entering MRI system room)	No□	Yes□
Other implant	No□	Yes□
Breathing problem or motion disorder	No□	Yes□
Claustrophobia	No□	Yes□

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



IMPORTANT INSTRUCTIONS

Before entering the MRI environment or MRI system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pin, barrettes, jewelry, body piercing, watch, safety pins, paper clips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners and clothing with metallic threads.

Please consult the MRI Technologist or Radiologist if you have any questions or concerns BEFORE you enter the MRI system room.

NOTE: You may be advised or required to wear earplugs or other hearing protection during the MRI procedure to prevent possible problems or hazards to acoustic noise.

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedures that I am about to undergo. I acknowledge that DMI is not responsible for injury or damage that may occur to my body or any device, whether implanted or otherwise (including watches, hearing aids, or implanted medical devices) resulting from brining such devices into the MR system room.

Signature of Person Completing Form: Date:

Form Completed by:
Patient □ Relative □ Nurse □ Name: Relationship to Patient:

Form Information Reviewed by: Physician Name: Signature:

MRI Technologist: