

## MRI HISTORY/SCREENING QUESTIONNAIRE

In the interest of safety, we require that all patients change into MRI appropriate clothing for their MRI exam. Additionally, you cannot bring any valuables into the scanning room (including credit cards) so the technologist will lock these up for you outside of the room.

**Additional physicians to receive a report:**

PATIENT WEIGHT: \_\_\_\_\_ **\*Your accurate weight is important\*** If your weight exceeds 350 lbs. an alternate study may be recommended by your physician.)

Briefly describe the problem(s) you are experiencing that made you see your doctor: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Yes  No Have you had any surgery related to your current problems?  
 If yes, what type of surgery? \_\_\_\_\_

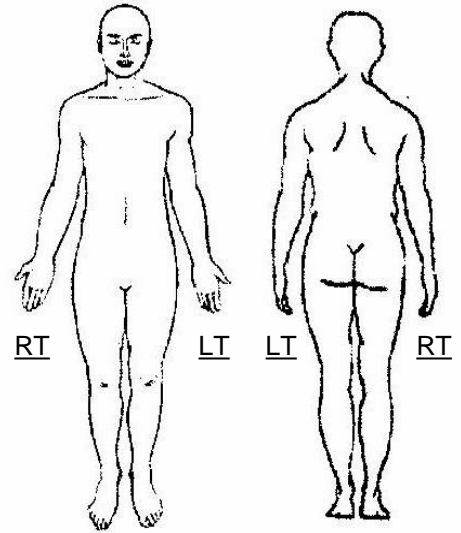
Yes  No Do you have a personal history of cancer in any part of your body?  
 If yes, what part of your body and when was this diagnosis made? \_\_\_\_\_

Yes  No Have you had any imaging studies for the same body part we are scanning today?  
 If yes, what type of study and where was it performed? \_\_\_\_\_



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

**Please use this diagram to mark where you are feeling pain:**



**Please indicate if you have or have ever had any of the following:**

**Yes No**

- Cardiac Pacemaker or Pacemaker wires or Implanted Defibrillator?
- Brain Aneurysm Clip(s)?
- Implanted pumps / Electronic devices / Tens unit wires?
- Internal Neurostimulator or Mechanical Bone Growth Stimulator?
- Middle Ear Implant (Cochlear, Stapes)?
- Do you have Hearing Aids?
- Any type of Intravascular coil, filter, stent, shunt or heart valves?
- Penile Implant or IUD?
- Pregnant or suspect that you may be pregnant?
- Any injury by metallic foreign body, shrapnel or bullet? What part of your body: \_\_\_\_\_
- Have you ever been injured while working with sheet metal, grinding or welding?

I hereby agree to have a Magnetic Resonance Imaging (MRI) scan.

\_\_\_\_\_  
 Signature of Patient, Guardian or Legal Representative

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

\_\_\_\_\_  
 Radiographer's Signature

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

Radiographer - Screening films done for questionable foreign body in orbit(s)?  Yes  No