MRI Patient Questionnaire

The MRI room contains a very strong magnet. Before you are allowed to enter, we must know if you have any metal in your body. Some metal objects can interfere with your scan or even be dangerous, so please answer the following questions carefully.

☐ YES ☐ NO Have you ever had an operation or surgical procedure of any kind? Please list all dates:

_____

_____

☐ Yes ☐ No Are you claustrophobic?

☐ YES ☐ NO Have you ever been a machinist, welder, or metal worker?

☐ YES ☐ NO Have you ever been hit in the face or eye with a piece of metal (including metal shavings, slivers, bullets, or BBs)?

☐ YES ☐ NO Have you had a piece of metal removed from your eye?

☐ YES ☐ NO Are you pregnant, possibly pregnant, or breast feeding?

DO YOU HAVE ANY OF THESE ITEMS IN YOUR BODY?

☐ YES ☐ NO Pacemaker, wires, or defibrillator

☐ YES ☐ NO Brain / aneurysm clip

☐ YES ☐ NO Ear implant

☐ YES ☐ NO Eye Implant

☐ YES ☐ NO Electrical stimulator for nerves or bone

☐ YES ☐ NO Bullets, BBs, or pellets

☐ YES ☐ NO Metal shrapnel or fragments

☐ YES ☐ NO Magnetic Implant anywhere

☐ YES ☐ NO Infusion Pump

☐ YES ☐ NO Coil, filter, or wire in blood vessel

☐ YES ☐ NO Artificial limb or joint

☐ YES ☐ NO Transdermal medication patch

☐ YES ☐ NO Eyelid tattoo

☐ YES ☐ NO Implanted catheter or tube

☐ YES ☐ NO Artificial heart valve

☐ YES ☐ NO Penile prosthesis

☐ YES ☐ NO Shunt

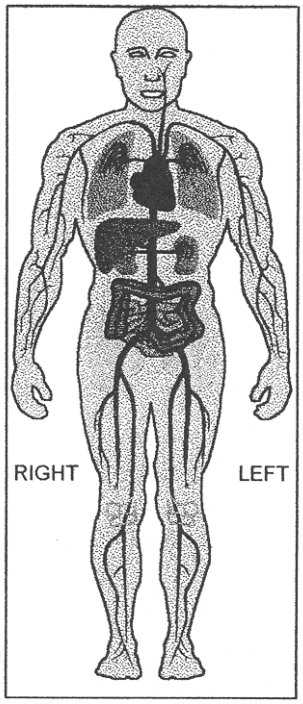
☐ YES ☐ NO False teeth, retainers, or magnetic braces

☐ YES ☐ NO Surgical clips, staples, wires, mesh, or sutures

☐ YES ☐ NO Diaphragm or intrauterine device

☐ YES ☐ NO Orthopedic hardware (plates, screws, pins, rods, wires)

Please mark on this drawing the location of any metal inside your body.



The following items may become damaged or cause injury to others in a strong magnetic field. **THEY MUST NOT BE TAKEN INTO THE MRI SCAN ROOM.** Place an "x" by any item you have with you on the list below.

☐ Hearing aid
☐ Glasses
☐ Watch
☐ Safety pins
☐ Hairpins/barretts
☐ Wigs/hair pieces
☐ Jewelry (rings, earrings, body piercings, etc.)
☐ Wallet/money clip
☐ Purse/pocket book

☐ Artificial limb/ prosthesis
☐ Dentures/partial plates/retainers
☐ Belt buckle
☐ Bra/girdle/sanitary belt
☐ Metal zippers/buttons
☐ Firearm
☐ Pens/pencils
☐ Keys
☐ Coins
☐ Pocketknife
☐ Credit or bank cards

INFORMATION CONCERNING GADOLINIUM CONTRAST MATERIAL

As part of your examination, the MRI radiologist may deem it advisable to give you an I.V. injection of a contrast agent containing gadolinium. This injection may help the physician more accurately diagnose your condition. Although gadolinium contrast agents have been used safely in millions of cases, minor reactions (principally headache or nausea) occur in about 2 % of patients, whereas serious or life-threatening reactions have been reported in about one in 400,000 patients.

Have you ever had a previous allergic reaction to gadolinium contrast material? ☐ Yes ☐ No

Do you have a history of asthma or emphysema? ☐ Yes ☐ No

Are you Diabetic? ☐ Yes ☐ No

Do you have high blood pressure? ☐ Yes ☐ No

COMPLAINT: _____

_____

_____

WEIGHT: _____ lbs.

MRI Patient Questionnaire

Name / MR # / Label

IMAGING QUESTIONAIRE

1. Have you had a previous MRI or CT on this part of your body? ☐ Yes ☐ No
2. If so, when and where? _____
3. Have you had surgery on this area? ☐ Yes ☐ No
4. If so, when and where? _____
5. Briefly describe your symptoms. _____

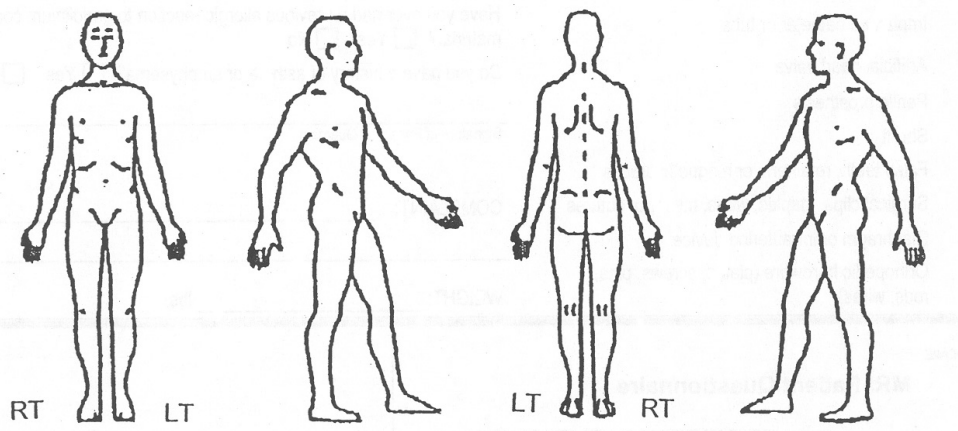
_____

_____

_____

6. How long have you had this pain or problem? _____
7. Is this a result of an injury? ☐ Yes ☐ No
8. If so, what type of injury? _____
9. Have you ever been diagnosed with cancer? ☐ Yes ☐ No
10. If so what type and when? _____
11. Have you had any radiation or chemo therapy? ☐ Yes ☐ No
12. If so, when? _____

On diagram below, please mark exact area of pain or other symptoms.



Source of information: ☐ Patient ☐ Family ☐ Chart ☐ Other

_____ _____

Patient's Signature Date/Time

_____ _____

Staff Signature Date/Time

If limited English proficient or hearing impaired, offer interpreter at no additional cost:

☐ Interpreter Accepted _____ ☐ Interpreter Refused

(Name/Number of Person/Services Chosen/Used)

Name / MR # / Label