MRI
History & Screening

______________ Date of scan

Name ________________________________ MRN ____________________

DOB __________ Age _______ Weight ______ Ordering Doctor __________________

Symptoms____

The following item can interfere with images and some may be hazardous to your safety. Please indicate if you have any of the following:

	Yes	No
Pacemaker or defibrillator		
Heart valve replacement		
Neurostimulators (Tens Units)		
Internal electrodes or wires		
Brain Surgery of any kind		
Aneurysm surgery		
Ear or eye surgery		
Spinal or ventricular Shunt		
Vascular port access		
Joint replacement		
Metal plates, pins, screws, wires		
Wounded by bullets or shrapnel		
Seizures or epilepsy		
Tattoos, body piercing, permanent eye liner		
Pessary		

	Yes	No
Medication patch		
Radiation seeds		
Breast implant / tissue expander		
Greenfield, or vena cava filter		
Cochlear ear implant or Hearing aids		
Implanted medication pumps		
IUD or diaphragm		
Penile prosthesis		
Cancer, chemotherapy, or radiation therapy		
Pregnant or breast feeding		
Renal or liver disease		
Blood disorder i.e. Anemia or Diabetes		
Respiratory problems		
Hypertension		
Claustrophobia—fear of small spaces		

Please list any surgeries you have had: ______________________________________

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Have you in your lifetime, worked around metal, or performed metal grinding, or welding, including auto body work? _______________ Have you ever gotten metal in your eyes? ____________

Do you have stents of any kind? ________________________________

Do you have any drug allergies or reactions? _____________

Have you ever had an MRI scan before? ___________

<u>Please remove any of the following items prior to your exam:</u>

glasses, hearing aids, removable dental work, watch/jewelry, wallet, credit cards, keys, wigs/hairpiece, hairpins/clips, safety pins, and bra.

I hereby certify the above information is correct to the best of my knowledge:

Patient: ______________________________________ **Date:** ____________________

Technologist: __________________________________ **Date:** ____________________