MRI PATIENT INFORMATION FORM

NAME:_____ Date of Birth:_____

If my doctor needs to call me with the results of this scan, my phone number is:_____

	YES	NO
1. Any type of heart surgery (valves, stents**, pacemaker,** etc.)……	____	____
2. Work with welding/grinding (or a history of metal in eyes)……	____	____
3. Claustrophobia, Y / N Have you taken sedation for this exam? Y / N	____	____
4. Any type of ear or eye implants/surgery……	____	____
5. Any type of brain surgery (including **aneurysm** clips)……..	____	____
6. Any **implanted electrical devices** in body (any type of stimulator)	____	____
7. Any **internal** or **external pumps (insulin, drug infusion)……**	____	____
8. Any **metal in body** (artificial joints, plates, piercing, gunshots, etc.)	____	____
9. Any IUD, penile implants, or breast tissue expander ……	____	____
10. Pregnant or breast-feeding……..	____	____
11. Hearing aids or dentures……	____	____
12. Any type of medical **patch** (nicotine, birth control, etc.)……	____	____
13. Any history of kidney disease or kidney failure…….	____	____
14. Any previous **spine** surgery……..	____	____
15. Any prior allergic reactions to MRI contrast……	____	____

16. Your weight _____

Please describe your symptoms or reason for having an MRI done today: _____

_____

Do you have previous studies related to the **same** body part that is being scanned? **Y / N**

CAT SCAN: **YES** **NO** WHEN:_____ WHERE:_____

MRI: **YES** **NO** WHEN:_____ WHERE:_____

Did you bring them with you today? **Y / N**

If you brought films in with you today, where would you like them returned? _____

An MRI involves being placed in a large magnet. If I answer yes to any of these questions, an MRI technologist will explain any risks that might be involved. I agree to this procedure and understand that I may withdraw my consent at any time. I have read and I understand the above information.

Signature of Patient and/or Guardian: _____ Date:_____

Signature of Technologist:_____ Date:_____