



MRI PATIENT QUESTIONNAIRE

Patient Name _____ Weight _____ lbs. DOB ____/____/____ Sex: M or F

SAFETY QUESTIONS

Explain

- DO YOU HAVE A PACEMAKER/DEFIBRILLATOR?..... Yes___ No___ _____
- Do you have any heart stents?..... Yes___ No___ _____
- Did you ever have metal fragments or rust in your eyes / face / skin or near your spine?..... Yes___ No___ _____
- Have you ever had any brain surgery?..... Yes___ No___ _____
- Have you ever had any eye surgery?..... Yes___ No___ _____
- Have you ever had ear surgery? Yes___ No___ _____
- Have you had any surgery or procedure that left any device, implant, stents, wires or catheter in your body?..... Yes___ No___ _____
- Have you had any recent surgery (6-8wks)?..... Yes___ No___ _____
- Do you have a tissue expander implanted? Yes___ No___ _____
- Do you have removable dentures?..... Yes___ No___ _____
- Do you have any hearing aids in right now?..... Yes___ No___ _____
- Do you have any body piercing/tattoos? Yes___ No___ _____
- Are you wearing any medicated patches?..... Yes___ No___ _____

Interviewers Initial's: _____

CLINICAL QUESTIONS

Do you have or ever had any of the following?

- | | | | |
|-----------------------------------|--------------|---------------------------|--------------|
| Kidney Disease | Yes___ No___ | Diabetes | Yes___ No___ |
| Liver Disease | Yes___ No___ | Multiple Sclerosis | Yes___ No___ |
| Cancer..... | Yes___ No___ | Pituitary/Hormone Disease | Yes___ No___ |
| Radiation/Chemo Treatment | Yes___ No___ | Immune Deficiency | Yes___ No___ |
| Sudden onset of Hearing Loss... | Yes___ No___ | Allergies | Yes___ No___ |
| Heart Disease/High Blood Pressure | Yes___ No___ | | |
| Are you Pregnant? | Yes___ No___ | Last Menstrual Period | _____ |

Have you had a previous MRI EXAM of the same body part? Yes___ No___
If yes, Where and When? _____

Have you had previous SURGERY of the same body part we are imaging today? Yes___ No___
If yes, When and Type? _____

Script Dx: _____ Referring Physician: _____

Technologist Notes:

Patient's Signature _____ Date _____ Tech Review _____