MRI History and Screening

Patient name: _____ **MRN:** **(Office Use Only)** _____

☐ Y ☐ N **Are you claustrophobic?**

☐ Y ☐ N **Do you have a cardiac pacemaker?**

☐ Y ☐ N **Have you ever had anything surgically implanted in your body?** (i.e. stent, aneurysm clip, neuro-stimulator, heart valve or medication pump)
If yes, please describe: _____

☐ Y ☐ N **Have you ever had brain, eye, or ear surgery?**
If yes, please describe: _____

☐ Y ☐ N **Have you ever done welding or grinding without goggles?**
If yes, please describe: _____

☐ Y ☐ N **Have you ever had an accident or injury in which metal became lodged in your eye(s) or any other part of your body?**
If yes, please describe: _____

☐ Y ☐ N **Do you have a pessary ring or other intrauterine device?**

☐ Y ☐ N **Are you pregnant or actively trying to get pregnant?**
Your last menstrual period: _____

☐ Y ☐ N **Are you breastfeeding?**

☐ Y ☐ N **Do you wear a hearing aid?**

☐ Y ☐ N **Do you wear a medication patch?**
Type: _____

☐ Y ☐ N **Have you ever had any other surgical procedures of any kind?**
If yes, please describe: _____

☐ Y ☐ N **Have you had any other medical imaging exams related to today's exam?**
If yes, what body part? _____
Where? _____

☐ Y ☐ N **Have you had a previous MRI?**
Where? _____

☐ Y ☐ N **Have you taken aspirin or blood thinners in the last 30 days?** (for arthrograms only)

Your approximate weight: _____ **Approximate height:** _____

Patient Signature: _____ **Date:** _____

OFFICE USE ONLY. Please do not write below this line.

Current medical symptom(s) & Duration

1. _____
2. _____
3. _____
4. _____

Lab Work

Date drawn: _____
Creatinine: _____
GFR: _____

5. ☐ Y ☐ N Trauma? *Cause:* _____
6. ☐ Y ☐ N Hx of cancer? *Type:* _____
7. ☐ Y ☐ N Food/Medication allergies? *List:* _____
8. Previously diagnosed diseases:

Kidney disease	☐ Y	☐ N	Liver disease	☐ Y ☐ N
Diabetes	☐ Y	☐ N	Heart disease	☐ Y ☐ N
Chronic disease	☐ Y	☐ N	High blood pressure	☐ Y ☐ N
Respiratory problems	☐ Y	☐ N	Rheumatoid arthritis or other	☐ Y ☐ N

Follow-up appointment: _____

Interviewer signature: _____ **Date:** _____