



Name: _____ Today's
Date: _____ First name Middle initial Last name

Age: _____ Height: _____ Weight: _____

Please describe your symptoms or problems: _____

1. Have you had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind? Yes No
If yes, please indicate the date and type of surgery:

Date: _____ Type of surgery: _____
Date: _____ Type of surgery: _____

2. Have you had a prior diagnostic imaging study or examination (MRI, CT, Ultrasound, X-ray, etc.)? Yes No
If yes, please list: Body part Date Facility

	Body part	Date	Facility
MRI	_____	_____	_____
CT/CAT Scan	_____	_____	_____
X-Ray	_____	_____	_____
Ultrasound	_____	_____	_____
Nuclear Medicine	_____	_____	_____
Other _____	_____	_____	_____

3. Have you ever been diagnosed with cancer? Yes No
If YES, Type _____ Date Diagnosed: _____
Radiation Therapy Yes No If yes, what type? _____

4. Please describe any medical onditions _____

5. Have you experienced any problem related to a previous MRI examination or MR procedure? Yes No
If yes, please describe: _____

6. Have you had an injury to the eye involving a metallic object or fragment (e.g., metallic slivers, shavings, foreign body, etc.)? Yes No
If yes, please describe: _____

7. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)? Yes No
If yes, please describe: _____

8. Are you currently taking or have you recently taken any medication or drug? Yes No
If yes, please list: _____

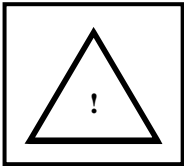
9. Are you allergic to any foods or medications? Yes No
If yes, please list: _____

10. Has your physician prescribed any sedation medication specifically for this examination? Yes No
If yes, please indicate type and amount _____
Do you have a driver with you today? Yes No

For female patients:

- 1. Date of last menstrual period: _____ Post menopausal? Yes No
- 2. Are you pregnant or experiencing a late menstrual period? Yes No

Comments:

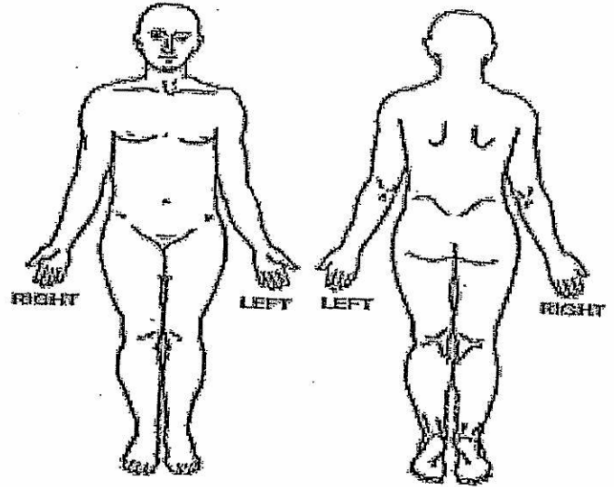


WARNING: Certain implants, devices or objects may be hazardous to you and/or may interfere with the MR procedure (i.e. MRI, MR angiography, functional MRI, MR spectroscopy). **Do not enter** the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist or Radiologist BEFORE entering the MR system room.
The MR system magnet is ALWAYS on.

Please indicate if you have any of the following:

- Yes No Aneurysm clip(s)
- Yes No Cardiac pacemaker
- Yes No Implanted cardioverter defibrillator (ICD)
- Yes No Electronic implant or device
- Yes No Magnetically-activated implant or device
- Yes No Neurostimulation system
- Yes No Spinal cord stimulator
- Yes No Internal electrodes or wires
- Yes No Bone growth/bone fusion stimulator
- Yes No Cochlear, otologic, or other ear implant
- Yes No Any type of prosthesis (eye, penile, etc.)
- Yes No Heart valve prosthesis
- Yes No Eyelid spring or wire
- Yes No Artificial or prosthetic limb
- Yes No Metallic stent, filter, or coil
- Yes No Shunt (spinal or intraventricular)
- Yes No Vascular access port and/or catheter
- Yes No Radiation seeds or implants
- Yes No Swan-Ganz or thermodilutin catheter
- Yes No Medication patch (Nicotine, Nitroglycerine, birth control)
- Yes No Any metallic fragment or foreign body (bullet, pellets, shrapnel)
- Yes No Any wire mesh implant
- Yes No Tissue expander (e.g., breast)
- Yes No Surgical staples, clips, or metallic sutures
- Yes No Joint replacement (hip, knee, etc.)
- Yes No Bone/joint pin, screw, nail, wire, plate, etc.
- Yes No IUD, diaphragm, or pessary
- Yes No Dentures or partial plates
- Yes No Tattoo or permanent makeup
- Yes No Body piercing jewelry
- Yes No Hearing aid (*Remove before entering the MR system room*)
- Yes No Other implant _____
- Yes No Breathing problem or motion disorder
- Yes No Claustrophobia

Please mark on the figure(s) below the location of any implant or metal inside of OR on your body.



!	IMPORTANT INSTRUCTIONS
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Before entering the MR environment or MR system room you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners, & clothing with metallic threads.

Please consult the MRI Technologist or Radiologist if you have any question or concern BEFORE you enter the MR system room.

NOTE: You may be advised or required to wear earplugs or other hearing protection during the MR procedure to prevent possible problems or hazards related to acoustic noise. MRI is generally a safe procedure. Qualified medical personnel will be present throughout the entire procedure. The FDA has determined that MRI presents no great risk.

I attest that all information provided is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.

Signature of Person Completing Form: _____ Date: _____

Form Completed By: Patient Relative Nurse _____
Print name Relationship to Patient

Form Information Reviewed by: _____
 MRI Tech Radiologist Print name Signature