

### MRI Patient Questionnaire

Patient Name:	[name]	MR Number:	[MR Number]	Date:	[exam date]	Acct No:	[Acct No]
Procedure:	[Procedure]	Patient DOB:	[DOB]	Age:	[Age]		

Reason for study: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

<p><b>Please indicate if you have or had the following: (CIRCLE)</b></p> <p>Yes / No Cardiac Pacemaker/Pacing Wires</p> <p>Yes / No Cardiac Defibrillator</p> <p>Yes / No Swan Ganz Catheter</p> <p>Yes / No Neurostimulator or wires</p> <p>Yes / No Bone/Spinal Stimulator</p> <p>Yes / No Aneurysm Clips</p> <p>Yes / No Stents/Vascular Graft/Surgical or Vascular Clips Type: _____</p> <p>Yes / No IVC Filter</p> <p>Yes / No Artificial Heart Valve/Heart Prosthesis</p> <p>Yes / No Programmable Shunt</p> <p>Yes / No Vascular Access Port and/or Catheter</p> <p>Yes / No Medication Pump (Pain, Insulin, etc.)</p> <p>Yes / No Internal or External Wires</p> <p>Yes / No Eye, Ear Surgery</p> <p>Yes / No Endoscopic Clips (Esophagus or Colon) Implanted Date: _____</p> <p>Yes / No Breast Expander</p> <p>Yes / No Any Type of Prosthesis (Eye, Leg, etc.)</p> <p>Yes / No Orthopedic Metal (Screws, Plates, Rods, Nails, etc.)</p> <p>Yes / No Penile Implant</p> <p>Yes / No Intrauterine Device (IUD)/Pessary</p> <p>Yes / No Any Metal Implants Type: _____</p> <p>Yes / No Braces or Permanent Retainer</p> <p>Yes / No Dental or Removable Dental Work</p> <p>Yes / No Hearing Aid</p> <p>Yes / No Body Piercing Jewelry</p> <p>Yes / No Tattoo or Permanent Makeup (Eyeliner, etc.)</p> <p>Yes / No Medication Patch (Nicotine, Nitroglycerin, etc.)</p> <p>Yes / No Hair piece, Wig, Extensions or Pins</p> <p>Yes / No Metal Injury to Your Eye (metal shaving /slivers)</p> <p>Yes / No Bullet/Shrapnel/Shards of Metal Type/Location: _____</p> <p>Yes / No Have you had injections of Feraheme in past 3 months?</p>	<p><b>Please indicate if you have or had the following: (CIRCLE)</b></p> <p>Yes / No Have you ever had an X-ray exam that dye was given? (IVP, CT, MRI, arteriogram, venogram, etc.) If yes, please provide exam types and dates: _____</p> <p>Yes / No If you have had an X-ray study using dye, did you experience any problems either during or after that procedure? If so, please explain: _____</p> <p>Yes / No Are you currently on any medications? Please list <b>ALL</b>: _____ _____</p> <p>Yes / No Do you have any allergies? If so, please list <b>ALL</b>: _____</p> <p>Yes / No Have you ever had Cancer? Type: _____ Location: _____</p> <p>Yes / No Do you have <b>Asthma</b>?</p> <p>Yes / No Do you have <b>Hypertension</b> (high blood pressure)?</p> <p>Yes / No Do you have <b>Diabetes</b>?</p> <p>Yes / No Do you have <b>Gout</b>?</p> <p>Yes / No Do you have <b>Renal Disease</b> any type?</p> <p>Yes / No Do you have <b>Solitary Kidney</b>?</p> <p>Yes / No Have you had <b>Renal Surgery</b>?</p> <p>Yes / No Are you on <b>Dialysis</b>?</p> <p>Yes / No Do you have <b>Proteinuria</b> (protein in your urine)?</p> <p><b>Females Only:</b></p> <p>Yes / No Are you Pregnant?</p> <p>Yes / No Are you Breastfeeding?</p>
<p>Before entering the MR environment or MR system room, you must <b>remove</b> all <b>metallic objects</b> including hearing aids, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, watch, safety pins, paperclips, money clip, credit cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools and clothing with metallic threads or glitter. Failure to comply may result in <b>injury</b> or <b>death</b> to you or MRI personnel.</p>	<p>I attest that all the information above is correct to the best of my knowledge. I have 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. Please consult the MRI radiographer or Radiologist if you have any questions or concerns <b>BEFORE</b> you enter the MRI suite.</p>

Signature of Person Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

MRI Technologist: \_\_\_\_\_  Hearing protection given  Measures taken to reduce risk of thermal injuries