

# MRI PATIENT INFORMATION SCREENING

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ MR#: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Exam Ordered: \_\_\_\_\_

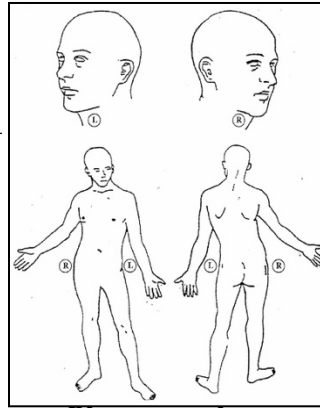
Describe your problem & how long you have had it? \_\_\_\_\_  
 \_\_\_\_\_

Do you have any allergies? (circle one) Yes No  
 If yes, list: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Have you had any previous related exams? (Please circle.)

MRI CT X-Rays Ultrasound Bonescan  
 If so, where? \_\_\_\_\_



**Please mark area you're experiencing pain.**

PROTOCOL

Technologist Notes (to be completed by  
 technologist) \_\_\_\_\_

Contrast injected? NO YES \_\_\_\_\_ mLs MultiHance

**The following questions are essential for the quality and safety of your MRI examination.**

Do you have any of the following?	Yes	No		Yes	No
Cardiac pacemaker	Yes	No	Liver problems	Yes	No
Aneurysm clip	Yes	No	VA/VP shunt	Yes	No
Cardiac pacer wire	Yes	No	Dental braces	Yes	No
Metal implant	Yes	No	Surgical staples	Yes	No
Cochlear/Ear implant	Yes	No	Insulin/drug pump	Yes	No
Shrapnel/bullet fragment	Yes	No	Orbital/eye prosthesis	Yes	No
Implanted bio-stimulator	Yes	No	Intravascular coil/stent	Yes	No
Neurostimulator	Yes	No	Internal electrodes	Yes	No
Metal worker	Yes	No	Pregnant	Yes	No
Dialysis	Yes	No	Hearing Aid/dentures	Yes	No
HX renal failure or insufficiency	Yes	No	History of Chronic Kidney Disease	Yes	No
Transdermal Patch	Yes	No	Surgeries in area of scan	Yes	No
			Heart valve/Mechanical	Yes	No

Sometimes it is necessary to inject a special contrast material in the blood stream to improve the sensitivity of the MR exam. The drug is safe, but a small number of patients may be allergic to this drug.

I acknowledge that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form. **I authorize the facility to perform the procedure ordered by my physician.**

Patient's/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

Technologist Signature \_\_\_\_\_

Date \_\_\_\_\_