

MRI QUESTIONNAIRE FORM

Please fill out the form below and bring to your visit.

PATIENT NAME: _____ AGE: _____ DATE: _____
OCCUPATION: _____ REF. Dr.: _____

If you do not understand any of the following questions, please speak to the doctor or the technologist to help you complete the form.

- A. What symptoms have you been having that caused your doctor to order the MRI?

- B. Have you had x-rays or other examinations of the parts of your body that we are going to examine today? Yes___ No___ If yes, please list: _____
- C. Have you ever had any operations? Yes___ No___ If so, please list the types, where and when? : _____
- D. Do you have allergies? Yes___ No___ If yes, please list: _____
- E. Do you have any anemia or abnormalities of the red blood cells (sickle cell anemia, hereditary spherocytic anemia, etc.)? Yes___ No___ If yes, please list: _____

It is important for us to know if any of the following materials may be present within your body before we bring you into the MRI examining room. Please answer the following questions.

Do you have a history of any of the following?	<u>YES</u>	<u>NO</u>
1. Do you have a pacemaker?	_____	_____
YOU MUST INFORM THE STAFF		
2. Do you have any kidney disease	_____	_____
3. Do you have a prosthetic heart valve?	_____	_____
4. Have you had any heart surgery?	_____	_____
5. Do you have implanted neurostimulators?	_____	_____
6. Any eye surgery besides cataract removal?	_____	_____
7. Have you had any brain surgery?	_____	_____
8. Implant? Do you have an implant card?	_____	_____
9. Do you have brain aneurysm clips?	_____	_____
10. Have you had a shrapnel injury?	_____	_____
11. Metal working experience?	_____	_____
12. Do you have any joint replacements?	_____	_____
13. Any metal in your body besides fillings?	_____	_____
14. Cosmetic tattooing of your eyelids?	_____	_____
15. FEMALE PATIENTS		
Are you pregnant?	_____	_____
Nursing?	_____	_____

How did you hear about Rye Radiology MRI? Dr. ___ Friend___ Family___ Other_____.

PATIENT'S SIGNATURE: _____