

Patient History

MRI uses powerful magnet which can disturb metallic objects in the body. Please answer the following questions carefully.

Print Name: _____

Height: _____ Weight: _____

	Yes	No
Have you ever had any metal or rust in your eyes? _____	()	()
Do you have a pacemaker or pacemaker wires? _____	()	()

Do you presently have any metal inside your body, such as bullets or shrapnel, prosthesis ,pins, screws or plates ? _____ () ()

Have you ever had heart or brain surgery? _____ () ()

Do you have a history of renal disease? _____ () ()

Are you currently on dialysis? _____ () ()

Do you have diabetes? _____ () ()

Do you wear a hearing aid? _____ () ()

Do you wear dentures or have any removable bridgework? _____ () ()

Have you had any surgery in the last 6 weeks? _____ () ()

Are you currently pregnant or breastfeeding? _____ () ()

Have you ever been diagnosed with cancer? _____ () ()

Have you ever had a reaction to contrast medium used for MRI or CT? _____ () ()

Are you claustrophobic? _____ () ()

Please describe your symptoms and how long you've had them: _____

Have you had prior surgery to the area we are scanning today? If yes, when? _____

Have you ever had any X-rays, CT's or other MRI's on the area we are scanning today? If Yes, how long ago and where? _____

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____
Witness Signature: _____ Date: _____