

# MRI History Sheet

Today's Date \_\_\_\_\_ Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Sex \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Age \_\_\_\_\_

Allergies: \_\_\_\_\_

Please List All Surgeries and Invasive Procedures: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please **Explain** your reason for having this MRI: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your symptoms are related to an injury what **DATE** and **LOCATION** did the injury occur?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please Circle Location: Home Work Motor Vehicle Accident Other: \_\_\_\_\_

Please circle if you have: pain, numbness, tingling, swelling, weakness

Please circle: Right Arm, Right Leg, Left Arm, Left Leg, Neck, Mid Back, Lower Back,

Other: \_\_\_\_\_

Have you ever had surgery to the area being examined? YES or NO

• If yes, when and what type of surgery: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_

Please circle if you have: Anemia, any disorder that affects the blood, Diabetes, Seizures, Lupus, Sarcoidosis, a history of renal (kidney) disease

Please circle if you have: osteoarthritis, rheumatoid arthritis, psoriatic arthritis, osteoporosis, cancer, degenerative disk disease, multiple sclerosis, hypertension, ankylosing spondylitis

Please list any other medical conditions you have: \_\_\_\_\_

\_\_\_\_\_

***Please Continue on the Back Side of this Paper!***

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## For Technologist Use Only:

Tech Initials \_\_\_\_\_

IV Contrast  Yes  No Brand \_\_\_\_\_ Lot \_\_\_\_\_ Exp \_\_\_\_\_ CCs Injected \_\_\_\_\_

BUN \_\_\_\_\_ CREATININE \_\_\_\_\_ EGFR \_\_\_\_\_ Date Drawn \_\_\_\_\_

Exam: \_\_\_\_\_

History: \_\_\_\_\_

**Please Indicate If You Have Any Of The Following:**

- Yes  No Aneurysm Clips
- Yes  No Aortic Stent Graft
- Yes  No Cardiac Pacemaker or Defibrillator
- Yes  No Electronic Implant or Device
- Yes  No Magnetically Activated Implant or Device
- Yes  No Neurostimulation System or Spinal Cord Stimulator
- Yes  No Internal Electrodes or Wires
- Yes  No Bone Growth Stimulator or Bone Fusion Stimulator
- Yes  No Cochlear, Otologic, or Other Ear Implant (Stapes Implant)
- Yes  No Implanted Drug Infusion Pump or Device
- Yes  No Vascular Access Port
- Yes  No Heart Valve Replacement
- Yes  No Eyelid Spring, Wire, or other Eye Implants
- Yes  No Screw, Pin, Nail, Wire, or Plate in any Bone or Joint
- Yes  No Joint Replacement (Knee, Hip, etc.)
- Yes  No Artificial or Prosthetic Limb
- Yes  No Metallic Stent, Coil, or Filter (Heart Stent, Greenfield Filter, etc.)
- Yes  No Shunt (Spinal or Intraventricular)
- Yes  No Any Metallic Fragment or Foreign Body (Metal in the Eye, Bullet, etc.)
- Yes  No Surgical Staples, Clips, or Metallic Suture
- Yes  No Wire Mesh Implant (Hernia Repair)
- Yes  No Any Type of Prosthesis (Eye, Penile, etc.)
- Yes  No Permanent Make-up or Tattooed Make-up (Eyeliner or Lipstick)
- Yes  No Body Piercing
- Yes  No Medication Patch (Nicotine, Nitroglycerine, Pain Medication, etc.)
- Yes  No Dentures or Partial Plates
- Yes  No Hearing Aides (***Please Remove Before Entering the MRI Room***)
- Yes  No Claustrophobia
- Yes  No Kidney Disease
- Yes  No Diabetes
- Yes  No Any Other Implants \_\_\_\_\_

**Females:**

Date of the First Day of Last Menstrual Period: \_\_\_\_\_

- Yes  No Are You Currently Breast Feeding
- Yes  No Do You Have an IUD or Diaphragm

I have read and understand the contents of this form. I have answered the above questions correctly to the best of my ability.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

***\*IMPORTANT INSTRUCTIONS\****

Before entering the MR environment or MR system room, you must remove ALL metallic objects including hearing aids, dentures, partial plates, keys, beepers, cell phone, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knives, nail clippers, tools, clothing with metal fasteners, and clothing with metallic threads. A keyed locker will be provided to store these objects.

Please Consult the MRI Technologist if you have any questions **BEFORE** you enter the MR system room. The MR system is **ALWAYS** on.