



For Office Use Only
Place Pt ID label here

Magnetic Resonance Imaging Patient Questionnaire

Patient Name _____ Weight _____ Female Male

Exam requested _____

Why are you having this examination (medical problem) including symptoms? _____

List other imaging studies you have had regarding this problem and where they were performed (if applicable):

- CT _____ X-ray _____ Ultrasound _____
- Nuclear Medicine/PET _____ MRI _____ Other _____

What were the results? _____

Did you bring a copy of the results and films? _____

History and dates of all prior surgeries? _____

What medications do you take? _____

For female patients only: Date of LMP _____

- Yes No Pregnant Yes No Postmenopausal
- Yes No Possibility of pregnancy Yes No Perimenopausal
- Yes No Nursing Yes No Irregular menstrual cycles

All patients please complete the following:

- Yes No History of kidney problems? (Decreased renal function, renal failure or dialysis?)
- Yes No Personal history of cancer? What type? _____
- Yes No Family history of cancer?
- Yes No History of diabetes/insulin dependent?
- Yes No History of asthma or lung disease?



Magnetic Resonance Imaging Patient Questionnaire Continued...

Please check below any implanted items that apply.

If yes to any below, did you bring your card to verify MRI compatibility? _____

- Yes No pacemaker or wires from a pacemaker that has been removed
- Yes No artificial heart valve
- Yes No cardiac defibrillator
- Yes No neurostimulator
- Yes No biostimulator
- Yes No implanted drug pump
- Yes No spinal fixation device
- Yes No spinal fusion procedure
- Yes No any type of coil, filter or stent
- Yes No penile implant
- Yes No artificial eye
- Yes No eyelid spring
- Yes No any type of implant held in place by a magnet
- Yes No any type of surgical clip or staple
- Yes No any IV access port/mediport (chemo port)
- Yes No shunt
- Yes No artificial limb or joint
- Yes No tissue expander
- Yes No removable dentures, false teeth, or partial plate
- Yes No diaphragm, IUD or pessary
- Yes No surgical mesh
- Yes No body piercing
- Yes No wig or hair implants
- Yes No tattoos or tattooed eyeliner



Magnetic Resonance Imaging Patient Questionnaire Continued...

- Yes No radiation seeds
- Yes No aneurysm clip
- Yes No hearing or ear implant/hearing aids
- Yes No pins, rods, screws, nails, plates, wires, etc.

Other _____

Instructions for the Patient:

1. You are urged to use the earplugs or headphones we supply during your MRI examination since some patients may find the noise levels unacceptable and may affect your hearing.
2. Remove your watch, pager, cell phone, credit cards, bankcards, and all other cards with a magnetic strip.
3. Remove all jewelry (eg, necklaces, pins, rings).hairpins, bobby pins, barrettes, clips, hearing aides, eyeglasses.
4. Remove all dentures, false teeth, and partial dental plates.
5. Remove body piercing objects.
6. Use gown provided or remove all clothing with metal fasteners, zippers, etc.

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form, and I have had the opportunity to ask questions regarding the information on this form.

Patient Signature

Date