



MRI QUESTIONNAIRE

PATIENT SCREENING AND EXAMINATION FORM

DATE: _____ PATIENT NAME : _____
DOB: _____ AGE: _____ WEIGHT: _____ GENDER: MALE / FEMALE

PATIENT QUESTIONNAIRE

The following items may interfere with MRI and some can be potentially **HAZARDOUS !**
Please place a check to indicate if you have the following:

CLASS I

- * Cardiac pacemaker _____
- * Cardiac defibrillator _____
- * Aneurysm clip/coil _____
- * Implanted insulin pump _____
- * Implanted drug infusion device _____
- * Bone growth stimulator _____
- * Neurostimulator(TENS Unit) _____
- * Any type of biostimulator _____
- * Internal hearing aid _____
- * Middle ear implant _____
- * Transdermal nitroglycerin patch _____
- * Vascular clips/staples _____
- * Hemostatic clips _____

CLASS II

- Heart valve prosthesis _____
- Greenfield vena cava filter _____
- Penile prosthesis _____
- Eyeliner tattoo _____
- Wire sutures _____
- Wire mesh _____
- Any orthopedic implant (rods, screws, etc.) _____
- IUD _____

Medical History:

- Have you ever worked with metal (grinding, welding, etc.) or ever or ever had a injury to the eye involving a metal object, (metallic slivers, shavings, foreign body)? _____
- Are you pregnant/nursing or do you suspect that you could be pregnant? ____ YES ____ NO Date of last menstrual period _____
- List any over the counter or prescription medications you are taking: _____
- SURGERY TO AREA OF INTEREST: ☐ No ☐ Yes _____ DATE: _____
- Briefly describe your symptoms: _____ Current Weight: _____
- Would you like a copy of the "Patient's Bill Of Rights and Responsibilities"? ☐ No ☐ Yes

PLEASE REMOVE ALL:

Jewelry, Hairpins, Wigs, Metallic Objects, Hearing Aids, Dentures, and Credit Cards. Leave all valuables with a responsible person or store in a locker that is provided for your convenience.

MY SIGNATURE BELOW STATES THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

PATIENT SIGNATURE: _____

PARENT OR GUARDIAN : _____

