

PATIENT MEDICAL HISTORY: PATIENT NAME: _____

PATIENT ACCT #: _____

Please list all prior surgeries and approximate dates: _____

Do you suffer from dizziness? _____

Have you had any surgical procedure resulting in an implanted metallic device? Y N Explain: _____

Has a metallic object ever injured you, or have you ever been a metal worker (e.g. welding, grinding)? Y N Explain: _____

Do you have anemia or diseases that affect your blood? Y N

Do you have a history of cancer? Y N

Do you have a history of renal disease, seizure, asthma or allergic respiratory disease? Y N

*ARE YOU ALLERGIC TO ANY DRUGS, FOOD or LATEX? Y N List: _____

Have you ever had a reaction to a contrast medium used for MRI? Y N

Is there a possibility of pregnancy at this time? Y N

Are you breast feeding? Y N

Are you taking oral contraceptives or receiving hormone treatment? Y N

Have you had contact with a person known to have tuberculosis? Y N Have you ever tested positive for tuberculosis? Y N

Please list previous exams: (X-ray, Bone Scan, etc.) _____

I attest that the information is correct to the best of my knowledge, and consent to this procedure. I understand the risk associated with having an MRI exam if I have non-compatible metallic devices implanted or have been injured with a metallic object. I have had the opportunity to ask questions regarding the information on this form with the technologist.

Patient / Guardian: _____

Date: _____

Technologist Signature: _____

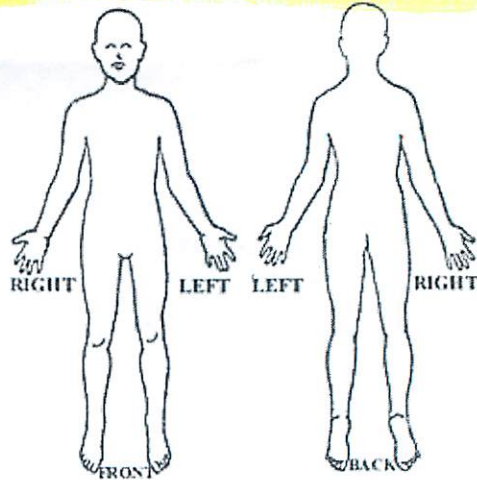
Date: _____

Mark Yes (Y) or No (N) on each line:

- ____ cardiac pacemaker
- ____ aneurysm clip(s)
- ____ implanted cardiac defibrillator
- ____ neurostimulator
- ____ implanted insulin pump
- ____ swan-ganz catheter
- ____ heart valve prosthesis
- ____ hearing aid
- ____ any type of ear implant
- ____ penile prosthesis
- ____ orbital / prosthesis
- ____ vascular access port
- ____ intraventricular shunt
- ____ artificial limb or joint
- ____ dentures
- ____ diaphragm / _____ IUD
- ____ tattooed eyeliner*
- ____ any type of biostimulator
- ____ halo vest / metallic cervical fixation device
- ____ any type of implant held in place by magnet
- ____ any type of surgical clips or staples
- ____ any type of foreign body, shrapnel or bullet
- ____ implanted drug fusion device
- ____ pessary
- ____ wire mesh
- ____ electronic, mechanical, or magnetic implant
- ____ intravascular coil, filter, or stent
- ____ internal electrodes
- ____ implanted orthopedic item

*A small percentage of patients with tattooed eyeliner have experienced transient skin irritation with MRI. You may want to discuss with your referring physician before undergoing the scan.

PLEASE SHADE THE AREA(S) OF THE BODY WHERE YOU ARE EXPERIENCING PAIN:



Technologist's Comments / Medical History
