Name:______________________________**Pt ID:** _______________ **Height:** ________ **Weight:**__________

Date of birth: ________ **Age:**____**Ordering Physician**_______________________

Exam: ____

Reason/Symptoms for MRI:

____

____

____

How long have you had these symptoms? ____

Are these symptoms due to an injury? please describe:____

____

Have you had surgery on the body part being scanned? ☐YES ☐NO

If "YES", where and when? ____

Have you had prior imaging done on this area (MRI, CT, XRay, etc)? ☐YES ☐NO

If "YES", where and when? ____

Are you allergic to latex? ☐YES ☐NO

Please list any drug allergies: ____

Please mark YES or NO to the following questions:

Heart Surgery	☐YES	☐NO	**Hearing Aids**	☐YES	☐NO
Pacemaker, Wires, Defibrillator	☐YES	☐NO	**Ear Implants**	☐YES	☐NO
Coronary Stent	☐YES	☐NO	**Eye Implants**	☐YES	☐NO
Brain Surgery	☐YES	☐NO	**Metal Shavings in Eye**	☐YES	☐NO
Brain or Surgical Clips	☐YES	☐NO	**Bullets/BB's Shrapnel**	☐YES	☐NO
Shunt	☐YES	☐NO	**Dentures/Partials/Retainer**	☐YES	☐NO
Aneurysm Surgery	☐YES	☐NO	**Body Piercings**	☐YES	☐NO
Artificial Limb or Joint	☐YES	☐NO	**Wig or Hair Piece**	☐YES	☐NO
Plates/Pins/Screws/Staples	☐YES	☐NO	**Permanent Make up/Tattoos**	☐YES	☐NO
Electric Stimulator for nerves/pain	☐YES	☐NO	**Claustrophobic**	☐YES	☐NO
Medication Patch	☐YES	☐NO	**Could you be pregnant?**	☐YES	☐NO
Are you diabetic?	☐YES	☐NO	**Are you breastfeeding?**	☐YES	☐NO
Insulin/Infusion Pump	☐YES	☐NO	**Taking high blood pressure**	☐YES	☐NO
Glucose Monitor Patch?	☐YES	☐NO	**Are you on dialysis?**	☐YES	☐NO
Kidney disease or transplant?	☐YES	☐NO	**Single kidney?**	☐YES	☐NO

Do you have a history of cancer? ☐YES ☐NO **If "YES", type & year diagnosed:** ______________________

Have you had a colonoscopy in the last 30 days? ☐YES ☐NO

Have you been hospitalized in the last 30 days for dehydration, febrile illness, sepsis, heart failure, liver disease or abdominal surgery? ☐YES ☐NO

Signature of Patient/Guardian:____________________________ ***If guardian, relationship to patient***______________

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For office use only

Contrast:_________***cc's of***________________________***Lot#*** _________________________________

Techchnologist Signature: ____

Tech Notes: