



For Office use only: tech notes regarding MRI scan: _____

History & Safety

Date: _____

Patient Name _____ **DOB** _____ ()Male ()Female Weight _____

Please describe your symptoms, pain &/or medical problems associated with the MRI you are having today:

_____ How long have you experienced symptoms? _____

If you were injured, Date of Injury: _____ & check how it occurred: ()Lifting ()Fall ()Sports ()Work Related
 ()Car Accident ()Other _____ Are you claustrophobic? ()yes ()no

Have you ever had cancer? ()Yes ()No If yes, when? _____ What type/body area? _____

Have you had surgery on the area we are scanning today? ()Yes ()No If yes, List: _____

Have you had an MRI before? ()Yes ()No, When: _____ Body part: _____ Facility: _____

Do you have a follow up with your doctor for these MRI results in the next 2 days? ()yes ()no

*If yes, please verbally let front desk & technologist know: Date: _____ Time: _____ *

**The below items may interfere with Magnetic Resonance Imaging (MRI) and some could be potentially dangerous*
 Therefore, please indicate if you have any of the following & the MRI technologist will review with you after
 completion and please discuss in detail with the tech any of the below listed as YES*

<u>Please check Yes or No</u>	No	Yes	<u>Explanation:</u>
Pacemaker <i>If Yes to pacemaker, YOU CAN NOT HAVE MRI</i>			
Heart Surgery (bypass, stent, valve...)			
Brain Surgery			
Aneurysm Clips			
Ear Surgery or Cochlear Implant or Hearing Aids			
Eye Surgery or Lens Implant			
Bullets, pellets, or shrapnel (gunshot or war wound...)			
Joint replacement			
Pins, screws, plates implanted			
Prosthetic devices			
Mechanical devices (pumps, stimulators...)			
Other Implanted items (Ask for our list, if necessary)			
Are you pregnant or nursing			
Do you have Tattoo or tattooed makeup			

By signing below, I certify that I have described my symptoms and medical history to the best of my ability and give my consent for this MRI.

Patient Signature: **X** _____

Reviewed by front desk: _____ & technologist: _____ Date: _____