MRI Questionnaire

Name:_____ Date of Birth :_____ Date:_____

Type of MRI/MRA (*body part*):_____ Weight:_____ Height:_____

1. Have you ever been a metal worker, machinist or cut or grind any metal? **YES** **NO**
   If yes, did you wear protective eye covering? **YES** **NO**
   Have you ever had a penetrating eye injury? **YES** **NO**
2. Is there any possibility that you are pregnant? **YES** **NO**
   Last Period: _____
3. Do you have any cosmetic tattoos? **YES** **NO**
4. Are you breastfeeding? **YES** **NO**
5. Do you wear a transdermal/nicotine patch? **YES** **NO**
6. Are you wearing "magneto" or magnetic gel-nail polish? **YES** **NO**

Please describe your present symptoms/Reason for today's exam:

_____

_____

_____

Please list other diagnostic tests relating to this problem:

_____

_____

List any surgery you have had:

_____

_____

_____

Do you have:

Cerebral Aneurysm Clips	**YES**	**NO**	Date Implanted:_____
Abdominal Aneurysm	**YES**	**NO**	Date Implanted:_____
Pacemaker	**YES**	**NO**	Date Implanted:_____
Defibrillator	**YES**	**NO**	Date Implanted:_____
Tissue Expander	**YES**	**NO**	Date Implanted:_____
IUD	**YES**	**NO**	Date Implanted:_____
Shrapnel (bullets)	**YES**	**NO**	Date Implanted:_____
Stents	**YES**	**NO**	Date Implanted:_____
Any Metal Implant	**YES**	**NO**	Date Implanted:_____
Heart Valve	**YES**	**NO**	Date Implanted:_____
Neuro Stimulator	**YES**	**NO**	Date Implanted:_____
Hearing Aid	**YES**	**NO**	Date Implanted:_____
Cochlear Ear Implant	**YES**	**NO**	Date Implanted:_____
Shunt	**YES**	**NO**	Date Implanted:_____
Portacath	**YES**	**NO**	Date Implanted:_____
Any other metals	**YES**	**NO**	Date Implanted:_____
Greenfield Filter (IVC)	**YES**	**NO**	Date Implanted:_____
Renal Failure/Disease	**YES**	**NO**	

Is this test related to a motor vehicle accident or slip and fall that is currently under litigation or may be in litigation in the future? **YES **NO**

Is this test related to a workman's compensation claim? **YES **NO**

Patient Signature: _____ **Date**:_____

Revised 10.5.22