MRI Safety Questionnaire

IT IS IMPORTANT FOR ALL QUESTIONS TO BE ANSWERED

1. What are your current symptoms? ______________________________
2. Have you ever had surgery in the area to be scanned today? Yes No If yes, when and where?
   ____
3. Do you have any history of cancer or other malignancy? Yes No If yes, what type and treatment?
   ____
4. Have you had any previous studies done of the area to be scanned today? Yes No
   If yes, where were those studies completed? ______________________________
5. Other than your referring physicians, please list any physicians you would like to receive a copy of this report: ______________________________
6. What is your current weight? ________ Height? ________ Are you Claustrophobic? Yes No

WOMEN ONLY:

IUD/Diaphram/Cervical cap? Yes No
Could you be pregnant? Yes No
When was your last period? ___/___/_____

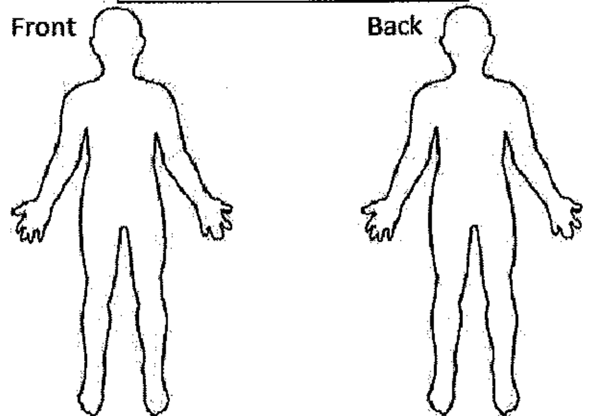
MEN ONLY:

Penile implant? Yes No

Some of the following items may be hazardous to your safety due to the proximity of the MR system and strong magnetic field. Please circle the correct answer for each of the following:

Yes	No	Cardiac pacemaker or defibrillator
Yes	No	Aneurysm clip or brain clip
Yes	No	Drug/medication skin patch
Yes	No	Breast tissue expander(s)
Yes	No	Neurostimulator or deep brain stimulator
Yes	No	Implanted drug infusion device
Yes	No	Spinal cord stimulator
Yes	No	Cochlear, otologic or ear plant
Yes	No	Implant held in place by magnet
Yes	No	Artificial or prosthetic limb
Yes	No	Venous umbrella or vena cava filter
Yes	No	Heart valve prosthesis
Yes	No	Heart or aorta bypass in last six weeks
Yes	No	Stents, filters or coils
Yes	No	Shunt (spinal or intraventricular)
Yes	No	Other implants in body or head
Yes	No	Metal fragments (eye, head, body, or skin)
Yes	No	Cataract surgery prior to 1985
Yes	No	Dentures or any removal dental work
Yes	No	Hearing aid (if YES, remove before exam)

Please indicate on the drawing where your pain/symptoms are located on your body.



Print Full Name: ______________________ Signature: ______________________

Date: ________________ Technologist Initials: ______________________