



MRI QUESTIONNAIRE

NAME (PLEASE PRINT) _____ DATE _____

- | | | |
|---|-----|----|
| 1. DO YOU HAVE A PACEMAKER OR ANY TYPE OF CARDIAC DEVICE/STENTS? | YES | NO |
| 2. HAVE YOU HAD ANY BRAIN SURGERY or BRAIN CLIPS? | YES | NO |
| 3. HAVE YOU EVER HAD ANY METALLIC FOREIGN OBJECTS IN YOUR EYE? | YES | NO |
| 4. HAVE YOU EVER WORKED WITH SHEET METAL OR ANY METAL? | YES | NO |
| 5. DO YOU HAVE A COCHLEAR IMPLANT OR NERVE STIMULATOR? | YES | NO |
| 6. ARE YOU ON KIDNEY DIALYSIS? | YES | NO |
| 7. DO YOU HAVE ANY TATTOOS? IF SO WHERE? THIS INCLUDES PERMANENT MAKEUP | YES | NO |

8. DO YOU HAVE ANY KIDNEY DISEASE OR CONDITION? YES NO

9. DO YOU HAVE DIABETES? YES NO

10. DO YOU HAVE BREAST TISSUE EXPANDERS? YES NO

11. HAVE YOU HAD ANY OTHER SURGERY? YES NO

IF SO, WHAT KIND? _____ DATES _____

12. DO YOU HAVE SHRAPNEL FROM A GUNSHOT WOUND? YES NO

13. ARE YOU CLAUSTROPHOBIC? YES NO

14. ARE YOU PREGNANT? YES NO

15. ARE YOU BREAST-FEEDING? YES NO

16. DO YOU HAVE AN IUD/DIAPHRAGM? INSULIN PUMP? YES NO

17. ARE YOU WEARING A TRANSDERMAL PATCH (EX: NICODERM, FENTANYL, NITRO)? YES NO

IF YES, WHAT KIND? _____

18. WHAT IS YOUR APPROXIMATE WEIGHT? _____ HEIGHT? _____

19. ARE YOU HAVING ANY PAIN? YES NO IF YES, WHERE? _____

20. DO YOU HAVE ANY ALLERGIES, IF SO PLEASE LIST? _____

IF YES PLEASE DESCRIBE REACTION? _____

21. WHY ARE YOU HAVING THIS MRI? _____

SYMPTOMS? LEFT OR RIGHT? _____

22. WHEN DID YOUR SYMPTOMS BEGIN? _____

23. HAVE YOU HAD ANY TRAUMA RELATED TO THE BODY PART BEING SCANNED? IF SO, PLEASE DESCRIBE. YES NO

24. DO YOU HAVE A HISTORY OF CANCER? _____

IF SO, WHAT TREATMENTS HAVE YOU HAD? _____

25. HAVE YOU HAD ANY PRIOR PROSTATE BIOPSY? YES _____ NO _____ IF YES, WHEN ? _____

26. HAVE YOU HAD A PREVIOUS MRI / CT / XRAY / NUCLEAR MEDICINE STUDY / PET SCAN / ULTRASOUND?

IF SO, WHERE? _____ WHICH PART OF YOUR BODY? _____

TO ALL OF OUR PATIENTS: It is important to know if there are any metal fragments, pieces, bits, clips, devices or metal of any kind in your body. The presence of metallic items in the vital area(s) of your body may hinder the examination. You must inform us of any such possibility prior to the MRI examination.

SIGNATURE _____ DATE _____