Maximum Resolution Imaging
THE NEW ERA OF IMAGING

MRI Questionnaire

Patient Name:______________________________Age:_______DOB:___________Today's Date: ______________

Gender: **M / F** Height:______________ Weight:__________

Area of body to be examined: ____

Reason for MRI: ____

1. Have you ever had a prior surgical procedure of any kind? **Y / N**

a. If yes, please indicate the date (approximate if unknown) and type of surgery:

i. Date_______________Type of surgery ________________________

ii. Date_______________Type of surgery ________________________

2. Have you ever had a prior diagnostic imaging study or examination? (e.g. MRI, CT, X-Ray) **Y / N**

a. If yes, please indicate the date, body part, and type of scan, and where:

Type of scan(MRI,CT, X-ray	Body Part	Date	Facility

3. Have you experience any problem related to a previous MR procedure? **Y / N**

a. If yes, please explain: ____

4. Have you ever been a welder, grinder, or sheet metal worker? **Y / N**

a. If yes, please explain:____

5. Have you had an eye injury involving a metallic object or fragment (metallic slivers, shavings)? **Y / N**

a. If yes, please explain: ____

6. Have you ever been injured by a metallic object or foreign body (e.g. BB, bullet, shrapnel)? **Y / N**

a. If yes, please explain: ____

7. Have you recently had a small bowel endoscopy study w/ ingestion of a small camera capsule? **Y / N**

a. If yes, how recent: ____

8. Are you currently taking or have you taken any medication or drug? **Y / N**

a. If yes, please list the medications or drugs: ____

9. Are you allergic to any medication or drug? **Y / N**

a. If yes, please list the medications or drugs: ____

10. Do you have anemia or any disease(s) that affects your blood. A history of renal(kidney) disease, renal(kidney) failure, renal(kidney) transplant, high blood pressure(hypertension), liver(hepatic) disease, or seizures? **Y / N**

a. If yes, please explain: ____

11. Do you have a history of asthma, allergic reaction, respiratory disease, or reaction to contrast medium or dye used for MRI, CT, or X-Ray? **Y / N**

a. If yes, please explain: ____

12. Have you ever had a reaction or have been told that you should not have contrast injections for imaging studies? **Y / N**

a. If yes, please explain: ____

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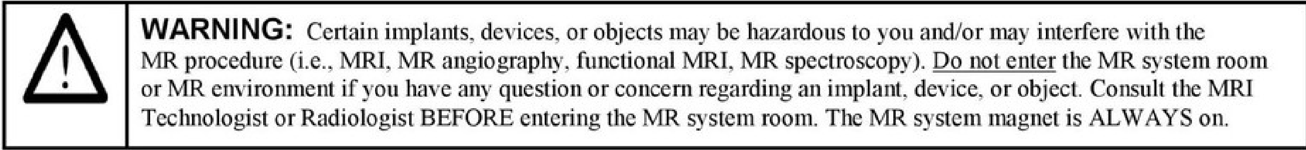
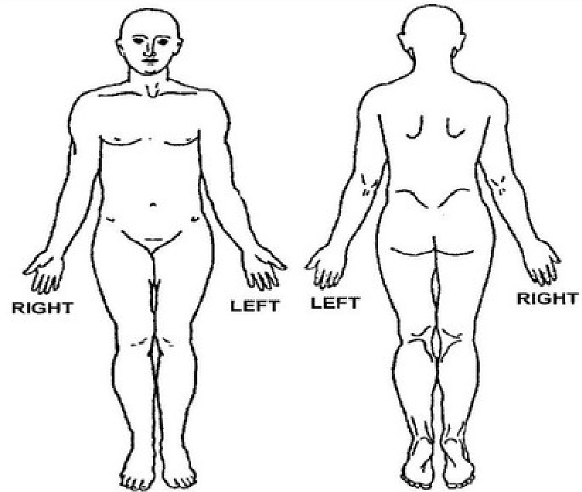

WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI, MR angiography, functional MRI, MR spectroscopy). Do not enter the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist or Radiologist BEFORE entering the MR system room. The MR system magnet is ALWAYS on.

Please indicate if you have any of the following:

- ❒ Yes ❒ No Aneurysm clip(s)
- ❒ Yes ❒ No Cardiac pacemaker
- ❒ Yes ❒ No Implanted cardioverter defibrillator (ICD)
- ❒ Yes ❒ No Electronic implant or device
- ❒ Yes ❒ No Magnetically-activated implant or device
- ❒ Yes ❒ No Neurostimulation system
- ❒ Yes ❒ No Spinal cord stimulator
- ❒ Yes ❒ No Internal electrodes or wires
- ❒ Yes ❒ No Bone growth/bone fusion stimulator
- ❒ Yes ❒ No Cochlear, otologic, or other ear implant
- ❒ Yes ❒ No Insulin or other infusion pump
- ❒ Yes ❒ No Implanted drug infusion device
- ❒ Yes ❒ No Any type of prosthesis (eye, penile, etc.)
- ❒ Yes ❒ No Heart valve prosthesis
- ❒ Yes ❒ No Eyelid spring or wire
- ❒ Yes ❒ No Artificial or prosthetic limb
- ❒ Yes ❒ No Metallic stent, filter, or coil
- ❒ Yes ❒ No Shunt (spinal or intraventricular)
- ❒ Yes ❒ No Vascular access port and/or catheter
- ❒ Yes ❒ No Radiation seeds or implants
- ❒ Yes ❒ No Swan-Ganz or thermodilution catheter
- ❒ Yes ❒ No Medication patch (Nicotine, Nitroglycerine)
- ❒ Yes ❒ No Any metallic fragment or foreign body
- ❒ Yes ❒ No Wire mesh implant
- ❒ Yes ❒ No Tissue expander (e.g., breast)
- ❒ Yes ❒ No Surgical staples, clips, or metallic sutures
- ❒ Yes ❒ No Joint replacement (hip, knee, etc.)
- ❒ Yes ❒ No Bone/joint pin, screw, nail, wire, plate, etc.
- ❒ Yes ❒ No IUD, diaphragm, or pessary
- ❒ Yes ❒ No Dentures or partial plates
- ❒ Yes ❒ No Tattoo or permanent makeup
- ❒ Yes ❒ No Body piercing jewelry
- ❒ Yes ❒ No Hearing aid
  (Remove before entering MR system room)
- ❒ Yes ❒ No Other implant ____________________
- ❒ Yes ❒ No Breathing problem or motion disorder
- ❒ Yes ❒ No Claustrophobia

Please mark on the figure(s) below the location of any implant or metal inside of or on your body.



Before entering the MR environment or MR system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners, & clothing with metallic threads.

Please consult the MRI Technologist or Radiologist if you have any question or concern BEFORE you enter the MR system room.

For Female Patients:

13. Date of last menstrual period:________________________________ Are you postmenopausal? **Y / N**

14. Are you or could you be pregnant or experiencing a late menstrual period? **Y / N**

15. Are you taking oral contraceptives or receiving hormonal treatment? **Y / N**

16. Are you taking any type of fertility medication or having fertility treatments? **Y / N**
If yes, please explain: ____

17. Are you currently breastfeeding? **Y / N**

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Preparing For Your MRI

Please remove all metallic objects before entering the MRI scan room, including the following:
Jewelry (e.g., earrings, rings, body piercings), hairpins, hair clips, dentures, false teeth, partial dental plates, hearing aids, eyeglasses,watch, pager, cell phone, keys, safety pins, paper clips, money clip, any magnetic strip cards (e.g., bank, credit), coins, pens, pocketknife, nail clipper, tools, and clothing with metal fasteners or containing metal thread.

Please use supplied hearing protection (e.g., earplugs, headphones) during the MRI scan because the MRI scanner produces significant acoustic noise that may affect your hearing or that you may find uncomfortable.

It may be necessary for you to remain still for up to one hour while lying on your back during the MRI procedure. If you do not believe you can remain still for that long, please discuss this with the MRI technologist or radiologist before entering the MRI scan room.

Discuss any questions or concerns that you may have or if you are unsure if an item should be removed with the MRI technologist or radiologist prior to entering the MRI scan room.

I acknowledge that all the information given is accurate and thereby consent to have Magnetic Resonance Imaging performed on me. I do not have a pacemaker, brain aneurysm clips or cardiac defibrillator.

Signature of Patient/Parent/Guardian: ______________________________ **Date**: ______________