

MRI Pre-Entry Screening

Please fill out this form to the best of your ability. If you do not know exact dates, just estimate. This information is very important and will be reviewed during the interpretation of your MRI.

Last Name:	Firs	_First Name:		_
Age:Date of	Birth:			
Dominant Hand:	Height:	_Weight:	Gender: M / F	
Work Related?	Auto Related?	_Date of Acc	eident:	
Questions		Please W	Vrite Answers Below	
What problem are we	e evaluating today?			
When did this proble				
Was this problem a rerepetitive stress? If a date of injury?	esult of an accident, or accident, what is the			
	oblem located exactly? , inside/outside of joint) anywhere?			
If you have pain, pleafrom a scale of 0-10, "no pain" and 10 mea	•			
What relieves the syn	mptoms?			
Have you had a simil	ar problem before? When?	,		
What medical imaging you had for the problem.	ng tests or treatments have em?			
Have you had arthros Please list.	scopy or surgery before?			

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Pacemaker, pacer wires and/or	YES/NO		
If YES, notify us imn Brain aneurysm clips? If YES, r	•	liatoly	YES/NO
Have you ever had an MRI scan			
Have you ever had surgery on t			
Procedure:			1E5/NO
Have you <i>EVER</i> had a metal inju			YES/NO
If yes, please notify			115/110
Have you had an MRI since the i	YES/NO		
Are you clinically claustrophob	YES/NO		
Do you have a history of cancer	YES/NO		
Do you have any major medical			
Are you pregnant or could you	YES/NO		
If yes, please notify			1110/110
Disease Circula Mise X converse			
Please Circle The Approp	_		TT /3 T
Neuro-stimulator?		Heart valve?	
Bone growth stimulator?		Greenfield filter?	
Joint replacements?	Y/N	Vascular stent?	
Other metal (rods, shrapnel,		Penile implant?	
Screws, bullets)?		Tattoos?	
Wires/sutures/clips?	Y/N	Tattooed eyeliner?	
Eye prosthesis?	Y/N	Hearing Aids?	
Inner ear implants (cochlear,	/	Harrington rods?	
Stapes)?		Electronic device?	
Insulin pump?		Infusion pump?	
Morphine pump?		Chemo pump?	
Magnetic dental implant?	Y/N	Removable denture we	ork?Y/N
Notes from the Tec	chnologist		
Please Read Prior to Signing You must remove all metallic objects i paperclips, money clips, coins, pens, Technologist know. Your signature or procedure.	watch, etc. If you h	ave any body piercings (other than e	ears) please let the
Patient Signature or Representative (if	minor) Date	MRI Technologist	Date