



## Patient Questionnaire

Today's Date \_\_\_\_\_

Next Appt w/Dr. \_\_\_\_\_

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX \_\_\_\_\_

1) Body part to be examined \_\_\_\_\_

2) Reason for MRI exam and symptoms? \_\_\_\_\_  
\_\_\_\_\_

3) How long have you had this problem(s)? \_\_\_\_\_

4) Do you have any other medical problems (diabetes, kidney disease, high blood pressure, asthma, blood disease)? \_\_\_\_\_

5) Do you have or have you ever had cancer? \_\_\_\_\_

6) Check if you have had any of the following exams to the area that is being examined today:

\_\_\_\_\_ X-RAY      \_\_\_\_\_ CAT SCAN      \_\_\_\_\_ MRI

7) Have you ever had surgery to the area in question? If yes describe \_\_\_\_\_  
\_\_\_\_\_

8) Please answer Yes or No to the following:  
Do you have?

- \_\_\_\_\_ Cranial Plate
- \_\_\_\_\_ Intracranial/Head Clips, Aneurysm Clip
- \_\_\_\_\_ Artificial Heart Valves
- \_\_\_\_\_ Cardiac Pacemaker
- \_\_\_\_\_ Stent
- \_\_\_\_\_ Neurostimulator, Biostimulator
- \_\_\_\_\_ Middle Ear Prosthesis, tubes
- \_\_\_\_\_ Bullets, Metal Fragments
- \_\_\_\_\_ Joint Prostheses or Pins, Plates
- \_\_\_\_\_ Metal Fragments in your eyes

### IMPORTANT INSTRUCTIONS

Before entering the MRI room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beepers, cell phones, eyeglasses, hair pins, barrets, jewelry, body piercing jewelry, watch, safty pins, paperclips, money clip credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, clothing w/metal fasteners, and clothing w/ metallic threads.

**Please consult the MRI Tech if you have any questions/concerns**

9) Are you pregnant? \_\_\_\_\_

Tech Initials \_\_\_\_\_

Patient Signature \_\_\_\_\_