

Exam Date: \_\_\_\_\_

MRI Questionnaire

Patient / MRN: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Exam: \_\_\_\_\_

Technologist \_\_\_\_\_

Weight: \_\_\_\_\_

Height: \_\_\_\_\_

Is there a lump, mass, cyst, or tumor in area being scanned?

Does your script say WITH or W/O Contrast or not specified?

Are you claustrophobic?

Sedation needed?

Lab and date of most recent bloodwork

Do you have any renal problems or are you diabetic?

BUN/CREATININE/GFR

Pacemaker?

Defibrillator?

Portacath?

Implanted drug infusion pump, tens unit or other implanted electrodes?

Any chance of pregnancy?

If CONTRAST APPT. Are you breast feeding?

Any metal fragments/shrapnel in your head or body? Where?

Yes

No

Any Medication patches on your skin? Where?

Yes

No

Have you ever worked around machinery that produces metal shavings?  
(welder, plumber, mechanic)

Vascular stents, artificial heart valve, intercranial clips?

Any Surgery in the last 6 weeks? What Kind? Dates?

Have you had MRI Contrast before? Any reaction?

Any surgeries ever? When, what type?

Questions answered by:

Seizure disorder or diagnosed cancer in your lifetime?

Do you have any special needs?

Have you ever been to ASI before?

Are you able to get on and off the examination table with minimal assistance?

Comments: