

Medical History Questionnaire

Additional MRI Safety Questions

Name:	MRN:	Exam:
Exam Date:	Arrival Time:	Table Time:

Have you had or do you have any of the following (circle Y or N):	Office Use
Y N Cardiac Pacemaker or Defibrillator	Scanner:
Y N Heart Surgery, What type/When _____	Screener:
Y N Brain Aneurysm Clip, Facility/When/Type _____	Date:
Y N Brain Surgery, What Type/When _____	Date:
Y N Neurostimulator, Facility/When/Type _____	Date:
Y N Vascular/Arterial Repair, What Type/When _____	Spoke To:
Y N Shunt, What Type/When _____	
Y N Eye Implants, What Type/When _____	Cleared for MRI
Y N Metal fragment in your eyes, Explain _____	Tech Initials:
Y N Ear Implants/Hearing Aids, What Type/When _____	
Y N Intra-Uterine Device (IUD), What Type _____	Tech Initials:
Y N Shrapnel/Bullets/BBs in your body, Where/When _____	
Y N Body Piercing, Location _____	X-Rays
Y N New Tattoos/Tattooed eyeliner within the last 2 weeks	Date:
Y N Other Implanted Devices (metallic, electronic, mechanical, magnetic, wires, electrodes, etc.), What type/When _____	Taken By:
Y N Do you wear Dentures, Braces, or other oral appliances?	
Y N Do you wear a Medication Patch, What Type/Location _____	Cleared By:
Y N Are you claustrophobic	Implant:
Y N Do you use Oxygen, Explain _____	Mod/Ser#:
Y N History of Spine Surgery with hardware	Manufacturer:
Y N History of Joint replacement, What joint? _____	Phone#:
Y N Any surgeries in the last 6 weeks, What type/When _____	Surgeon:
Y N Do you need assistance getting on the exam table? Explain _____	

Please confirm the above information is complete and accurate; make changes as needed.

I understand that the MRI scanner is loud and that the earplugs may shift during the exam, reducing their protection. It is my responsibility to notify the technologist if I feel my earplugs require adjustment. If I feel any discomfort or pain during the exam, I will notify the technologist.

Signature: _____ Date: _____

The technologist has verbally reviewed my surgical history with me, including my brain, heart, and eye surgery. Initial _____