



MRI EXAM QUESTIONNAIRE

Patient Name: _____ DOB _____ HEIGHT: _____ WEIGHT _____

E-mail Address _____ Cell Phone _____

PLEASE READ CAREFULLY AND ANSWER THESE IMPORTANT QUESTIONS

CIRCLE YOUR ANSWER

Do you have a cardiac pacemaker? YES NO

Are you at risk for having metal fragments in you eyes due to your job or hobbies? YES NO

Have you ever had brain surgery? YES NO
If yes, what type of surgery _____

Do you have a cerebral aneurysm clip? YES NO
If yes, where was the surgery done? _____ Date _____

Do you have any implanted electronic devices? YES NO
(Examples; Cochlear implant, nerve stimulator, morphine, or insulin pump.)

Do you have metal fragments/schrapnel in you body? YES NO

Are you wearing a hearing aid, electronic device, or pager? YES NO

Any previous surgery where metal parts were left in your body? YES NO
If yes, please explain _____ Date of surgery _____

Are you pregnant? YES NO

Are you breast feeding? YES NO

Do you have any body piercing? YES NO

Describe any other implants you may have? _____

Describe your symptoms and why you are here? _____

Are you a diabetic on INSULIN? YES NO

If Yes, When did you last check you blood Sugar _____ What was the result? _____

Do you have kidney disease? YES NO

If Yes, are you on dialysis ? YES NO

IF YOU ANSWERED YES TO ANY OF THESE QUESTIONS, NOTIFY THE TECHNOLOGIST BEFORE ENTERING THE SCAN ROOM.

PLEASE READ CAREFULLY

You will be asked to change into scrubs before entering the MRI suite. Your watch, wallet, purse and all jewelry must be left outside the MRI suite for your safety. A locker will be provided to secure your valuables.

