

BREAST MRI INFORMATION SHEET

Patients with pacemakers can NOT have MRI / MRA

Date _____
 Name _____ Referring MD _____
 Date of Birth _____ Age _____ Height _____ Weight _____

- A. Do you have a ♥ pacemaker? No Yes
 Have you ever had a pacemaker? No Yes
 Have you ever had a coronary stent or cardiac valve replacement? No Yes
 Are you currently receiving renal dialysis? No Yes
 Do you have sickle cell or hemolytic anemia? No Yes
 Are you pregnant? No Yes
 Are you breastfeeding? No Yes

- B. The following can interfere with the MRI scan. Please identify the presence of such devices to us prior to your exam
 Hearing Aid
 Cochlear or Stapedial Implants
 Pessary (*bladder ring*)
 Electrical Stimulation Device
 Joint Replacement
 Shrapnel or Metal Injuries (*Bullet, metallic silvers, shavings, foreign body, prior exposure to dust, etc.*)

- C. Have you had a mammogram at RADIOLOGY ASSOCIATES OF BROOKLYN, LLP No Yes Year _____
 If you had a mammogram elsewhere, name of facility _____ Year _____
 Has anyone in your family had breast cancer? No Yes
 If yes: Who? _____ At what age? _____
 When was your last menstrual period? _____
 Are you currently taking hormones? No Yes

- D. Reason for MRI examination _____
 Do you or your doctor feel any lumps? No Yes Right Left
 Do you have any nipple discharge? No Yes Right Left Color _____
 Do you have breast pain? No Yes Right Left
 Have you had a recent breast injury? No Yes Right Left
 Have you had any breast skin changes? No Yes Right Left
 Follow-up for calcium or shadow on mammography? No Yes Right Left
 Have you had any plastic surgery? No Yes Right Left

- E. Have you had any of the following procedures? (*Please answer to the best of your ability*)
 MASTECTOMY No Yes Year _____ Right Left
 CYST ASPIRATION No Yes Year _____ Right Left Benign Malignant
 ANY CORE BIOPSY No Yes Year _____ Right Left Benign Malignant
 LUMPECTOMY No Yes Year _____ Right Left Benign Malignant

- F. Have you had radiation therapy to the breast or chest? No Yes Last Treatment Date _____

