Patient History and Safety Screening
MRI PATIENTS ONLY

Name: ____
Last *First* *Middle Initial*

Age: ____________________ **Date:** ____________________

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:

YES	NO	
_______	_______	CARDIAC PACEMAKER
_______	_______	BRAIN VESSEL CLIPS
_______	_______	AORTIC CLIPS
_______	_______	HEART VALVE
_______	_______	INSULIN PUMP
_______	_______	ELECTRODES
_______	_______	TENS UNITS OR PAIN STIMULATING UNIT
_______	_______	HEARING AIDS
_______	_______	METAL FRAGMENTS IN THE HEAD, EYE OR SKIN
_______	_______	HAVE YOU EVER WORKED WITH METAL OR AS A METAL WORKER?
_______	_______	METAL PLATES, PIN, SCREWS, NAILS OR CLIPS
_______	_______	ANY PREVIOUS SKULL SURGERY

IF YES, WHAT WAS THE SURGERY FOR: ______________________________

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_______	_______	IS THERE ANY CHANCE YOU ARE PREGNANT? (Not recommended for women in their first trimester of pregnancy)

Signature of Patient: ______________________________________

Signature of Parent or Guardian: ______________________________

Date: ____________

Name: ____
Last *First* *Middle Initial*

Age: ____________________ **Date:** ____________________

Arm ________ **Thigh** ________ **Calf** ________ **Hips** ________

1. What was your chief complaint when you visited your doctor? ______________________________

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2. What does your doctor think is causing your pain? ______________________________

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3. Describe your symptoms: ______________________________

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4. How long have you had these symptoms? ______________________________
   A) Does anything make it better? ______________________________
   B) Does anything make it worse? ______________________________
5. Can you feel a lump? ______________________________
6. Have you ever broken or injured this area before? ______________________________
7. Have you had surgery to this area before? ______________________________
8. Do you have any other medical conditions? ______________________________

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9. Describe your general health: ______________________________

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10. Were any other tests taken for this problem? ______________________________

If yes, explain: ______________________________

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