# MRI QUESTIONNAIRE

**Age:** ______________ **Height:** ______________ **Weight:** ______________

**Clinical History (Your Symptoms):** ______________

**Duration of Symptoms:** ______________

**PLEASE INDICATE IF YOU HAVE THE FOLLOWING:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>☐ Yes</td>
<td>No</td>
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**IF YES, CALL MRI. SERIOUS HAZARDS**

- Cardiac Pacemaker / Defibrillator / Swan Ganz Catheter
- MRI Safe Pacemaker - REVO Sure Scan
- Claustraphobic
- Internal or External Wires / Brain or Bone Stimulator
- EEG Head Electrodes (May be MR Safe on Inpatient)
- Aneurism Clips / Artifical Heart Valve / Endoscopic Clips
- Electronic / Magnetic / Pumps / Metal Implant
- Bullet/Shrapnel/Eye Implant or injury/Cochlear Implant
- Breast Expander with Magnetic Port
- Intrauterine Device (IUD) / pessary* What kind: ______________
- First day of recent menstrual cycle ______________
- Injectable Iron replacement medication
- Last treatment ______________
- Removable dentures / Hearing aid / Transdermal Patch
- Tattoos / Permanent Makeup / Hair Extensions
- Jewelry / Body Piercing
- Asthma / use inhaler

**Yes | No**

**Radiologist to be notified**

- MRI contrast within 24 hours
- Prior contrast reaction, what Exam: ______________
- Pre-medicated for contrast reaction
- Pregnant / suspect you are pregnant / Nursing

**Yes | No**

**Needs Labs**

- Inpatient (Creatinine within 3 days)
- 60 Years or older
- History of Kidney disease, One Kidney, Kidney Cancer
- On dialysis* When is next treatment: ______________
- Diabetes Requiring Medication
- Hypertension Requiring Medication
- Liver disease / Multiple Myeloma / Amyloidosis
- Organ Transplant

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions.

**Patient Signature**

**Date**

**Time**

**MD/RN (Print Name)**

**Signature / Title**

**Date**

**Time**

**MR Technologist (Print Name)**

**Signature / Title**

**Date**

**Time**