NEUROLOGY & NEUROSCIENCE ASSOCIATES, INC.
a division of unity health network

MRI Questionnaire

IV TYPE: SITE: TIME: #ATTEMPTS: CREAT: GFR: DATE: LOT# : EXP: AMT: OMNISCAN COMPLICATIONS:	EXAM(S):

Name: «FirstName» «MiddleInitial» «LastName» DOB: «DOB» Weight: _____

ACCT: «PatientAcccountNumber» Date of Test: _____ Ordering Dr.: _____

1. What problems are you currently having? _____
2. Have you ever had an MRI scan before? _____ NO _____YES

   If so, what body part? _____ When and where was it done?_____
3. Have you ever had brain surgery? _____ NO _____YES If so, what type? _____ When? _____
4. Have you ever had Eye or Ear Surgery? _____ NO _____YES If YES, what type? _____
5. List any other surgeries you've had: _____

   *Have you had ANY surgeries within the last 8 weeks? _____
6. Have you **EVER**, or **CURRENTLY** have a pacemaker on your heart? _____ NO _____YES

   Heart surgery including valve/stent? _____ NO _____YES Type _____
7. Have you ever been a welder, lathe, or drill operator? _____ NO _____YES

   Have you ever had metal fragments removed from your eyes? _____ NO _____YES
8. Is there any chance you are pregnant? _____ NO _____YES Nursing _____ NO _____YES

Some of the following items can interfere with the test or cause a hazard to you. Please check any that you may have <u>inside or outside your body:</u>

___ Cardiac Pacemaker/Wires
___ Brain Clips/Aneurysm Clips
___ Tens Unit
___ Heart Valve Replacement
___ Insulin or Pain Pump
___ Blood Bessel Filters or Stents
___ Hearing Aids
___ New Tattoos
___ Resolution Clip/Endoscopy

___IUD
___Shunts of Any Type
___Mediport/Chemo Port
___Joint Replacements_____
___Metal Rods, Plates, Pins, Screws
___Medicine Skin Patches
___Penile Implants
___Brain Pacemaker
___Prosthesis

___ Wigs or Hairpieces
___ Dentures/Partial Plates
___ Metal Chips in the Eye
___ Wire Stitches/Sutures
___ Shrapnel or Bullets
___ Metal or MESH Implants
___ Body Piercing
___ Any kind of Stimulator
___ Other?

Before your MRI, you will be asked to remove all metallic objects from your body including keys, hair pins, jewelry, watches, safety pins, paper clips, pens, pocket knives, coins, lighters, credit cards, cell phones, pagers, or metal threads. A locker will be provided for your belongings. PLEASE NOTIFY THE MRI TECH IF YOU HAVE ANY OF THE ABOVE LISTED ITEMS.

Do you have ANY history of the following?

Kidney FAILURE? _____ YES _____NO

Are you on DIALYSIS? _____ YES _____NO

Liver Disease? _____ YES _____NO

Heart Disease? _____ YES _____NO

Breathing Problems? _____ YES _____NO

Diabetes? _____ YES _____NO

Anemia? _____ YES _____NO

Blood Disease? _____ YES _____NO

Immune System Problems? _____ YES _____NO

High Blood Pressure? _____ YES _____NO

Seizure Disorders? _____ YES _____NO

Have you ever had an INJECTION of contrast for AN MRI? _____ YES _____NO

Was there any reaction?

Have you ever had any injection of contrast for a test? (CT or X-Ray) _____ YES _____NO

Was there any reaction?

List any allergies to foods or medications:

A word about MRI contrast agents:
Your doctor may order your MR scan with an injection of a contrast agent called GADOLINIUM. It is not radioactive and does not contain any Iodine. It is considered safe in most people, but can rarely cause an allergic reaction. We are prepared for any such reactions, as they are usually mild.

Pregnant or nursing mothers should not have a Gadolinium injection.

IMPORTANT NOTE FOR PATIENTS WITH KIDNEY FAILURE: GADOLINIUM IS NOT SAFE FOR PERSONS WITH KINDNEY FAILURE AS IT CAN CAUSE A RARE DISORDER CALLED NFS OR NFD. PLEASE NOTIFY THE MRI TECH IF YOU HAVE ANY KIDNEY PROBLEMS.

"We do not honor advanced directives"

I have read and understand the above information.

Signed _____ Date _____

Formed reviewed by (MRI Technologist): _____

Physician Approval for Clearance: _____