

For office use only	
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MRI patient information form

Patient's name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Sex: Male/Female/Transgender  
 Patient ID: \_\_\_\_\_ Date of service: \_\_\_\_\_ Weight \_\_\_\_\_ lbs  
 Referring doctor: \_\_\_\_\_ Referring doctor phone: \_\_\_\_\_  
 What are your symptoms? Describe any signs of an injury or illness you're feeling or seeing: \_\_\_\_\_

**IMPORTANT:** Metal causes problems with MRI exams. Items that contain metal can cause injury to you or may be damaged by the MRI machine. Don't bring any items with metal into the scan room, including:

- Clothing with metal zippers or buttons
- Barrettes or hairpins
- Purses, wallets or money clips
- Watch or jewelry
- Pens and pencils
- Keys, coins or safety pins
- Shoes
- Bras with metal hooks or underwire support
- Glasses or hearing devices
- ATM, credit or bank cards and MetroCards
- Belt buckle
- Pocket knives
- Removable dentalwork (dentures or bridges)
- Any other metal objects

Many medical devices can also cause problems with MRI imaging. Some could be dangerous to your safety.

Please check "Yes" or "No" if you have any of the following

- Heart pacemaker or defibrillator ..... [ ] Yes [ ] No
- Brain aneurysm clips ..... [ ] Yes [ ] No
- Carotid artery or vascular clamp ..... [ ] Yes [ ] No
- Spinal cord stimulator ..... [ ] Yes [ ] No
- Artificial heart valve ..... [ ] Yes [ ] No
- Insulin pump or drug pump ..... [ ] Yes [ ] No
- Inner ear or cochlear implant ..... [ ] Yes [ ] No
- Penile implant ..... [ ] Yes [ ] No
- IUD or other contraceptive device ..... [ ] Yes [ ] No
- Tattoo eyeliner ..... [ ] Yes [ ] No
- Wire sutures (stitches) ..... [ ] Yes [ ] No
- Medicine patch ..... [ ] Yes [ ] No
- Implanted stimulator or electrodes ..... [ ] Yes [ ] No
- Bones with metal pins, rods, screws, nails or clips..... [ ] Yes [ ] No
- Removable dentures ..... [ ] Yes [ ] No
- Any metal implants or fragments..... [ ] Yes [ ] No
- Sharpnel or bullets..... [ ] Yes [ ] No

Other questions:

- Have you ever been a machinist or metal worker? ..... [ ] Yes [ ] No
- Are you or could you be pregnant? ..... [ ] Yes [ ] No
- Are you breastfeeding? ..... [ ] Yes [ ] No
- Have you had an eye injury or sugery? ..... [ ] Yes [ ] No
- Have you ever had any other type of surgery? ..... [ ] Yes [ ] No
- If yes, please describe: \_\_\_\_\_

Patient's signature \_\_\_\_\_ Date \_\_\_\_\_  
 Technologist's signature \_\_\_\_\_ Date \_\_\_\_\_  
 Front desk signature \_\_\_\_\_ Date \_\_\_\_\_  
 Screener's signature \_\_\_\_\_ Date \_\_\_\_\_