



North Texas Digital Imaging

MRI PATIENT HISTORY

Name: _____ Date: _____

Address: _____

Street

Apt. #

City

State

Zip

Date of birth: _____ Age: _____

Married? YES ___ NO ___ No. of Children: _____ Phone #: _____

What is your present complaint? _____

Have you ever had surgery? YES _____ NO _____

If yes, what part of the body? _____

Is there any known history of cerebral aneurysm? _____

Do you have a pacemaker? YES ___ NO ___

Is there any possibility you may be pregnant? YES ___ NO ___

Please give first day of your last menstrual period: _____

Have you ever had cancer? YES ___ NO ___

If yes, what part of the body? _____

Did you receive radiation or chemotherapy? YES ___ NO ___

Have you ever had any previous diagnostic test? (CT scans, ultrasound, nuclear medicine scans) YES ___ NO ___

If yes, where did you have the scan? _____

Please make sure all metal and magnetic objects are removed from your body.

This includes watches, jewelry, keys, hair fasteners and credit cards .

Signature of patient/guardian: _____ Date: _____

*****COMPLETE BOTH PAGES*****

PATIENT HISTORY AND SAFETY SCREENING

The following items can interfere with MR imaging and some may be hazardous to your safety.

	YES	NO
Cardiac pacemaker	___	___
Brain clips	___	___
Aortic clips	___	___
Neurostimulators (Transcutaneous Electrical Nerve Stimulation-TENS Unit)	___	___
Heart valve	___	___
Insulin pump	___	___
Electrodes	___	___
Hearing aids	___	___
Intrauterine Device (IUD)	___	___
Shunt, spinal or ventricular	___	___
Joint Replacements	___	___
Fractured bones treated with metal rods	___	___
Metal plates, pins, screws, nails, or clips	___	___
Harrington rods	___	___
Bone or joint pins	___	___
Prosthesis	___	___
Metal mesh implant	___	___
Wire sutures	___	___
Shrapnel	___	___
Dentures	___	___
Metal fragments (in head, eyes or skin)	___	___
Are you a welder, machinist, sheet metal worker, etc.?	___	___
Are you in the first trimester of pregnancy?	___	___