

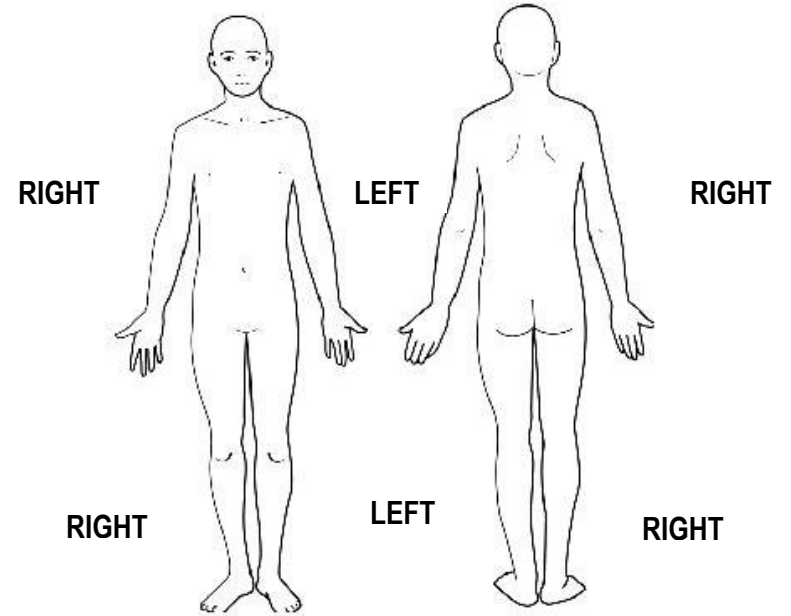
PATIENT NAME _____ Date of Birth _____ Age _____ Weight _____

IMAGECARE MRI

There is a strong magnetic field used with MRI which can affect the operation of electric and mechanical devices and can be potentially hazardous to your safety.

Do you have a history of: (please circle Yes or No) If yes, please explain

- Cardiac Pacemaker Y N _____
- Implanted Cardioverter Defibrillator Y N _____
- Brain Aneurysm Clips Y N _____
- Brain or Inner Ear Surgery Y N _____
- Cochlear Implants Y N _____
- Electric Pumps or Implants Y N _____
- Transdermal Patch Y N _____
- Surgical Pins, Rods, Clips Y N _____
- Hearing Aid Y N _____
- Heart or Lung Surgery Y N _____
- Artificial Joint or Limb Y N _____
- Metal Fragments or Shrapnel Y N _____
- History of Metal Injury to Eyes Y N _____
- Dentures or Dental Prosthesis Y N _____
- Permanent Eyeliner Y N _____
- Are you Breastfeeding Y N _____
- Diabetes Y N _____
- History of Kidney Disease or Dialysis Y N _____
- History of Liver transplant Y N _____
- Personal History of Cancer Y N _____
- Radiation or Chemotherapy Y N _____
- Hypertension Y N _____
- Previous CT or MRI of this area Y N if yes : WHERE AND WHEN _____



Any surgery to the area being scanned Y N if yes : PLEASE EXPLAIN AND INCLUDE DATE _____

** MRI is not currently FDA approved for pregnant females. Initial here if you believe you are not pregnant _____ Last menstrual period _____

**Please describe your symptoms below. Be very specific about your primary complaint (pain, numbness, etc. and where it radiates). Include as much information as possible. Also include where the symptoms are occurring, and if it is your Right or Left side. (Please show on body diagram above.)

ALL PATIENTS, PLEASE READ AND SIGN It is imperative that you leave all magnetic items outside of the magnet room. The magnet is strong enough to alter the operation of watches, calculators, etc. The magnet will also erase credit cards and bank cards. Please leave these items in the locker provided.

Signature: _____ Date: _____ Screened By _____ Scanned By _____