

MRI Patient Screening Form

Patient Name: _____ **Referring Physician:** _____
Social Security Number: _____ **Date of Birth:** _____
Age: _____ **Weight:** _____

Please Circle Any Of The Following That Apply To You:

Brain Surgery Pacemaker/Defibrillator Pregnancy Any Implanted Metal
 Sheet metal Worker/Shrapnel Wound Medication Pump/ Tens Unit

If you have circled any of the above, see the receptionist

Have you had a prior MRI Scan? _____ **If yes what, and where?** _____
Previous CT Scan? _____ **If yes what, and where?** _____
Please list all prior operations: _____

History of Cancer or Tumors? _____ **Specify:** _____
Do you have any implants or implanted metal in your body? _____
Do you have removable dentures or a hearing aid? _____

Please Circle Any Of The Following That Apply To You:

******For Brain MRI patients ****** Headaches Vision Problems
 Stroke Hearing Loss Dizziness Seizures Ringing in Ears
Changes in the following Speech Thinking Movement Walking
 Coordination Memory Facial Movement
******Spine MRI patients****** Back Pain Neck Pain
Pain Radiates to the- Right Side Left Side If either, how far down? _____
Numbness? Arms Legs Specify: _____
 Any prior back surgery? _____ Specify when & what level _____
******Knee or Extremity patients****** Specify which joint (R or L) _____
 Was there a specific injury? _____ When / How? _____
 Did you have surgery on the same joint? _____ Specify _____

All Patients – Please Explain the Current Symptoms that brought you here today: _____

Scheduling 888-909-XRAY (9729) • www.AADimaging.com

SAJAK PAVILION ANNAPOLIS 443-481-5330	BREAST IMAGING CENTER ANNAPOLIS 443-481-5660	WEEMS CREEK MEDICAL CENTER ANNAPOLIS 443-481-3222	KENT ISLAND IMAGING CHESTER 410-604-2000	ANNE ARUNDEL DIAGNOSTICS BOWIE 800-273-0593	SHIPLEY'S IMAGING MILLERSVILLE 410-729-4451
---	--	---	--	---	---

The following items may be hazardous or may interfere with the MRI examination by producing an artificial reading:

YES	NO	
		Cardiac Pacemaker
		Aneurysm Clip(s)
		Implanted Cardiac Defibrillator
		Neurostimulator
		Any Type of Biostimulator Type:
		Any Type of Electrode(S), Including
		Pacing Wires
		Cochlear Implant
		Other :
		Implanted Insulin Pump
		Swan-Ganz Catheter
		Halo Vest or Metallic Cervical Fixation Device
		Any Type of Electronic, Mechanical, or Magnetic Implant Type:
		Hearing Aid
		Any Type of Intravascular Coil, Filter, or Stent (e.g. Gianturco Coil, Gunther IVC Filter, Palmaz Stent, Etc.)
		Implanted Drug Infusion Device
		Any Type of Foreign Body, Shrapnel, or Bullet
		Heart Valve Prosthesis
		Any Type of Ear Implant
		Penile Prosthesis
		Orbital/Eye Prosthesis
		Any Type of Implant held in place by a Magnet
		Any type of surgical clip or staple(s)
		Vascular Access Port
		Intraventricular Shunt
		Artificial Limb or Joint
		Dentures
		Diaphragm
		IUD
		Pessary
		Wire Mesh
		Any Implanted Orthopedic Item(s) (i.e. pins, rods, screws, nails, clips, plates, wire, etc.)
		Any other implanted item type: Tattooed Eyeliner* A small percentage of patients with tattooed eyeliner have experienced transient skin irritation in association w/ MRI. Therefore, you must decide if this risk warrants undergoing your examination. You may want to discuss this matter with your physician.

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 I have had the opportunity to ask questions regarding the information on this form.

Signature: _____ Date: _____

Updated 10/28/10

Scheduling 888-909-XRAY (9729) • www.AADimaging.com

SAJAK PAVILION ANNAPOLIS 443-481-5330	BREAST IMAGING CENTER ANNAPOLIS 443-481-5660	WEEMS CREEK MEDICAL CENTER ANNAPOLIS 443-481-3222	KENT ISLAND IMAGING CHESTER 410-604-2000	ANNE ARUNDEL DIAGNOSTICS BOWIE 800-273-0593	SHIPLEY'S IMAGING MILLERSVILLE 410-729-4451
---	--	---	--	---	---