

MRI MEDICAL HISTORY QUESTIONNAIRE

 Originated: Revised: 06/09, 05/11, 03/12, 4/12
 Medical Record File No. RAD M-13 Form No.: 10312 SEH

Date: ____/____/____

Patient Name: _____ DOB: _____ Weight: _____

Hospital Patients Only: Mode of Transportation: Bed Stretcher Wheelchair

 Body part to be examined: _____ Reason for MRI: Illness Accident

Symptoms: _____

1. Have you had prior surgery or an operation of any kind? Yes No If yes, please check all that apply and list dates:
 Brain: _____ Cardiac: _____ Chest: _____ Extremity: _____
 Abdomen: _____ Ear: _____ Spine: _____ Eye: _____
2. Endoscopy / Colonoscopy within past 30 days Yes No
3. Have you has a prior diagnostic imaging study related to your current illness/problem at another facility other than a St. Elizabeth facility? Yes No
 MRI Scan CT Scan X-Ray Ultrasound Nuclear Medicine PET Scan Other
 Facility Name and Date: _____
4. Have you had an injury to the eye involving a metallic object or fragment (i.e. metallic silvers, shavings, foreign body, etc.)? If yes, please describe: _____ Yes No
5. Have you ever been injured by a metallic object or foreign body (i.e. BB, bullet, shrapnel, etc.)? Yes No
6. Do you have a history of asthma, allergic reaction or respiratory disease? Yes No
7. Do you have a history of reaction to contrast medium or dye used for an MRI, CT, or X-ray examination? Yes No
 If yes, please describe: _____
8. Have you ever had seizure? Yes No
9. Do you have a PERSONAL history of cancer? Yes No
 If yes, what type of cancer? _____
 Have you had any of the following?
 Chemotherapy: Yes No Surgery for a Tumor: Yes No
 Radiation Therapy: Yes No Radiation Seeds: Yes No

Women Only:
 Pregnant: Yes No Date of your last menstrual cycle: _____
 Have you had: (Please circle): Hysterectomy, Tubal Ligation, and/or Ablation? Yes No
 Are you post menopausal? Yes No

Additional Comments: _____

Technologist Use Only:

Technologist Signature: _____ Date: _____ Time: _____

 MR/MRI Brain & Head Exams Only
 Registration Date: _____ & Time: _____