touro™ New Orleans, Louisiana

RA0020

AFFIX PATIENT LABEL

MRI – Patient History and Screening

The following information will assist our staff in preparation for your MRI Exam. Our technique will be tailored to your condition dependent upon the reponse on each item. **Please Print.**

Date: _____
Patient Name: _____
DOB: _____ Weight: _____ Height: _____
Are you pregnant? ❒ Yes ❒ No ❒ N/A

For Clinical Use Only:
MRI#: _____
Referring Physician: _____
Physician Phone: _____
Requested MRI Procedure:
_____
_____
DX or Complaint: _____
_____

Clinical History related to MRI Procedure:
What symptoms or problems are you currently experiencing? _____
_____
_____

Do you have any know allergies? Specify:_____	❒ YES ❒ NO
Have you ever been advised by a physcian to avoid elevations of body temperature?	❒ YES ❒ NO
Do you have a history of anemia?	❒ YES ❒ NO
Do you have a history of kidney disease?	❒ YES ❒ NO
Do you have a history of claustrophobia?	❒ YES ❒ NO
Did you ever have an eye injury or accident involving metal fragments?	❒ YES ❒ NO
Have you ever worked in a machine shop or similar environment where you may have been subjected to small metal slivers?	❒ YES ❒ NO
Have you ever had an MRI?	❒ YES ❒ NO

Date and Type of previous MRI exam(s):

1. _____ 3. _____
2. _____ 4. _____

Date and Type of recent X−ray exam(s):

1. _____ 3. _____
2. _____ 4. _____

Have you had surgery other than dental surgery: ❒ Yes ❒ No

Date and Type of Surgery:

1. _____ 3. _____
2. _____ 4. _____

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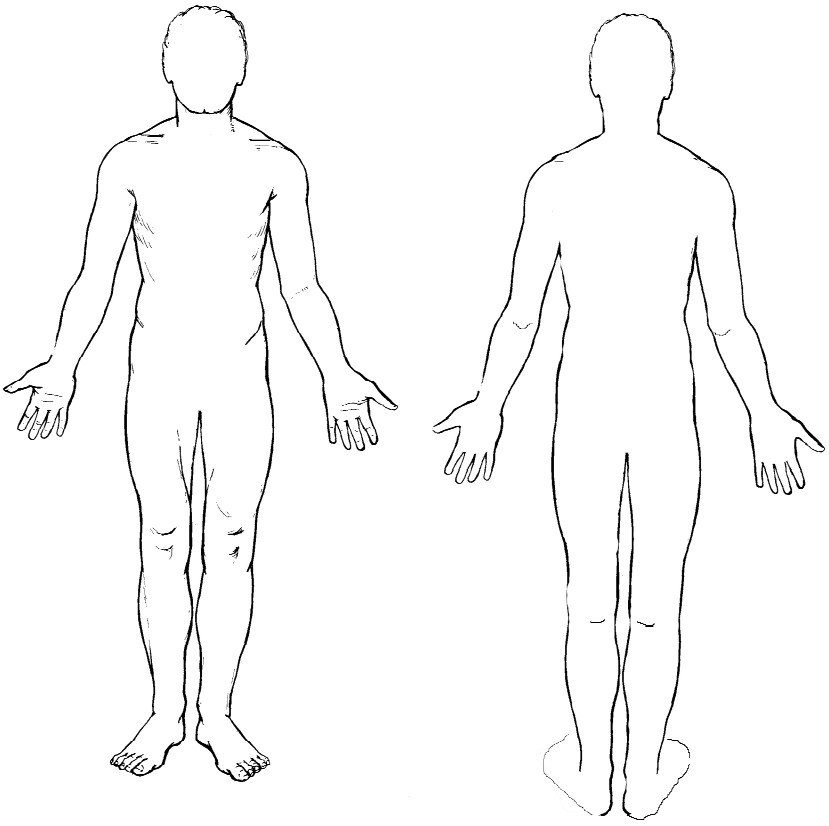
Please mark on this drawing the location of pain inside your body:



Front **Back**

The following items can interfere with MR imaging and some can actually be hazardous to your safety. Please check if you have any of these items:

- ❒ Cardiac pacemaker
- ❒ Brain clips
- ❒ Aortic clips
- ❒ Carotid clips
- ❒ Neurostimulators (Tens−Unit)
- ❒ Heart valve
- ❒ Insulin Pump
- ❒ Electrodes
- ❒ Hearing Aids
- ❒ IUD
- ❒ Shunts
- ❒ Joint replacements
- ❒ Fractured bones treated with metal rods, metal plates, pins, screws, nails or clips
- ❒ Harrington rod
- ❒ Bone or Joint Pins
- ❒ Prosthesis
- ❒ Metal Mesh
- ❒ Wire Sutures
- ❒ Shrapnel (From war wounds or occupation)
- ❒ Dentures
- ❒ Metal chips in the eyes
- ❒ Cochlear Implant (inner ear prosthesis)
- ❒ Others: (Please list) _____

_____

_____

Consent Form and acknowledgement of metallic implants in the body. I hereby state the following: (1) The following items are NOT present in my body: Cardiac pacemaker, metallic or prosthetic heart valves, intracranial (Brain) Aneurysm clips, vascular surgical clips, cochlear implant, iron fillings, or shrapnel (especially in my eyes), (2) I am not subject to uncontrolled seizures, (3) I have read and completed both sides of this patient history and screening sheet, (4) I understand the nature of the examination, and have read the list of contraindications and precautions, and have had all my questions answered satisfactorily.

I, therefore, consent to this MRI examination.

_____ _____ _____

Signature of Patient **Signature of Parent / Guardian (if minor)** **Date**

_____ _____

Child's Assent (if 10 or older) **Witness**