

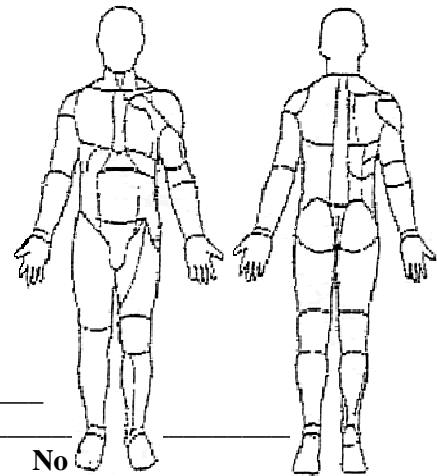
## MRI SPECIALISTS OF TULSA

### PATIENT HISTORY AND SCREENING FORM FOR MRI

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_ Sex: M F Weight \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Referring Physician \_\_\_\_\_  
 Clinical History: Please explain your medical problems that are the reason for having an MRI today: \_\_\_\_\_  
 \_\_\_\_\_  
 Have you had a previous X-ray, Sonogram, MRI or CT scan relating to this problem? Yes No  
 If Yes, what type of exam was done & name of facility that performed the exam: \_\_\_\_\_  
 \_\_\_\_\_

#### DO YOU HAVE ANY OF THE FOLLOWING ITEMS IN YOUR BODY?

Pacemaker	Yes	No
Ear/Cochlear Implant/Hearing Aid	Yes	No
Brain/Aneurysm Clips	Yes	No
Metal in eyes or ever had any removed	Yes	No
Metal fragments or shrapnel	Yes	No
Implanted electrical device	Yes	No
Neurostimulators	Yes	No
Stents	Yes	No
Dentures held in with magnets	Yes	No
Tattoos/Permanent Make-up	Yes	No



Body piercing \_\_\_\_\_  
 Any other metal objects or implants \_\_\_\_\_

List previous Surgeries \_\_\_\_\_

Have you ever had an injection of contrast for an MRI? Yes No

If yes, did you experience any of the following? Yes No

Hives Yes No

Shortness of breath Yes No

Please list any other medical problems \_\_\_\_\_

Any known kidney or liver disease or transplant? Yes No

Do you have Hepatitis or HIV/AIDS? Yes No

List all allergies \_\_\_\_\_

#### FEMALE PATIENTS

Is there any possibility of pregnancy Yes No

Are you currently breast-feeding Yes No

I have answered these questions to the best of my knowledge and understand the information presented to me.

Patient/Parent/Legal Guardian Signature \_\_\_\_\_

Technologist Signature: \_\_\_\_\_ Tech Notes: \_\_\_\_\_

Not applicable to this exam				
_____ cc of _____	_____	_____ with _____	_____ @ _____	_____ X _____
Amount	Type of contrast	Gauge & Needle Type	Time	# of punctures
In _____	Lot _____	Expiration Date: _____		
Site Location	By: _____			
Contrast Reaction	Yes	No	Explain: _____	
Physician covering contrast: _____ Fluoro Time _____				