MR Questionnaire

HAZLETON IMAGING

TO OUR PATIENTS AND ACCOMPANING FAMILY MEMBERS...
The MR room contains a very strong magnet. Before you are allowed to enter, we must know if you have any metal in your body. Some metal objects can interfere with your scan or may even be dangerous, so PLEASE answer the following questions carefully. If you have a question regarding anything on this form, PLEASE DO NOT HESITATE TO ASK US!

☐ Yes ☐ No Have you ever had an operation or surgery of any kind? If so, please list them all with dates.

☐ Yes ☐ No Are you on dialysis or have kidney disease?
☐ Yes ☐ No Are you claustrophobic?
☐ Yes ☐ No Have you ever been a machinist, welder, or metalworker?
☐ Yes ☐ No Have you ever been hit in the face or eye with a piece of metal (including metal shavings, slivers, bullets or BBs?
☐ Yes ☐ No Have you ever had a piece of metal removed from your eye?
☐ Yes ☐ No Are you pregnant, possibly pregnant, or breast feeding?

Do you have any of these items in your body?

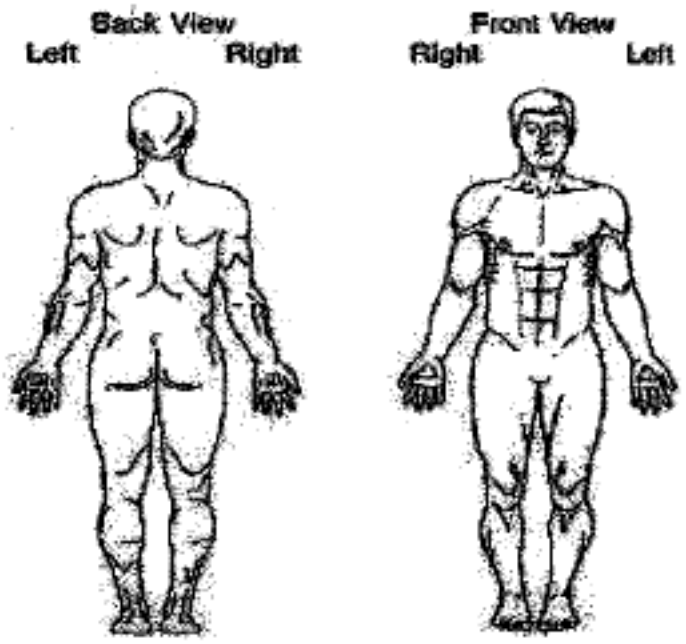
☐ Yes ☐ No Pacemaker, wires, or defibrillator
☐ Yes ☐ No Body piercing
☐ Yes ☐ No Brain aneurysm clip
☐ Yes ☐ No Ear implant
☐ Yes ☐ No Eye implant
☐ Yes ☐ No Electrical stimulator for nerves or bone
☐ Yes ☐ No Bullets, BBs, or pellets
☐ Yes ☐ No Metal shrapnel or fragments
☐ Yes ☐ No Magnetic implant anywhere
☐ Yes ☐ No Infusion pump
☐ Yes ☐ No Coil, filter, or wire in blood vessel
☐ Yes ☐ No Artificial limb or joint
☐ Yes ☐ No Eyelid tattoo
☐ Yes ☐ No Implanted catheter or tube
☐ Yes ☐ No Artificial heart valve
☐ Yes ☐ No Penile prosthesis
☐ Yes ☐ No Shunt
☐ Yes ☐ No False teeth, retainers, or magnetic braces
☐ Yes ☐ No Surgical clips, staples, wires, mesh, or stitches
☐ Yes ☐ No Diaphragm or intrauterine device
☐ Yes ☐ No Ortho devices (plates/screws/pins /rods/wires)

Do you have neck pain? YES/NO
Does the pain radiate into your arm (s)? YES/NO
Which arm? Right, Left, Both
How far does the pain radiate? _____
Any numbness associated with your neck pain? YES/N
Headaches associated with your neck pain? YES/NO
Have you had previous neck surgery? YES/NO
When? _____

****

Do you have low back pain? YES/NO
How long have you had back pain?_____
Is this the result of an injury? YES/NO
Does the pain radiate into your leg (s)? YES/NO
Which leg? Right, Left, Both
How far down does the pain radiate?_____
Does the pain increase with standing, sitting? (circle)
Have you had previous low back surgery? YES/NO
When?_____

Please mark location of your pain:



Information Concerning Gadolinium Contrast Material

As part of your examiniation, the radiologist may deem it advisable to give you an I.V. injection of a contrast agent containing gadolinium. This injection may help the physician more accurately diagnose your condition. Although gadolinium contrast agents have been used safely in millions of cases, minor reactions (pricipally headache or nausea) occur in about 2% of patients, whereas serious or life-threatening reactions have been reported in about one in 400,000 patients.

☐ Yes ☐ No Have you ever had a previous allergic reaction to gadolinium contrast material?

☐ Yes ☐ No Do you have a history of asthma or emphysema?

I attest that the answers I have provided to questions on this form are correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions

Signature (Parent or Guardian)

_____

Date Signed:_____