



CHEYENNE RADIOLOGY

MRI is safe and painless. However, because we use a very strong magnet during this exam, metal objects in or on you may cause interference or be a hazard. **All piercings must be removed prior to MRI.**

Please answer all the following questions:

Name: _____ Birthdate: _____

Weight: _____ Height: _____

Have you ever done welding / grinding / metal in eye? Yes No

Are you claustrophobic? Yes No

Have you ever had an MRI exam? Yes No

If yes, when _____ Where _____

Have you had any other x-rays, CT, MRI pertaining to today's exams? _____

Have you had surgeries pertaining to today's exam? Yes No

If yes, explain: _____

PLEASE CHECK ALL THAT APPLY:

Heart / Chest

- Pacemaker
- Heart Valve/Implanted defibrillator?
- Stents
- When? _____

Abdomen

- Organ Transplant
- Recent abd injury
- Kidney problems
- Dialysis

Head / Brain

- Aneurysm
- Tumor resection
- Shunt

Others

- Metal / Electronic Implants / Prosthesis
- Foreign Bodies / Metallic Fragments
- Stimulator / Lead wires / Pain pump
- Bullet / Shrapnel / BB
- Metal rods / Pins / Screws

Eye / Ear

- Ear / Cochlear implants
- Eye Implants / Eyelid spring
- Hearing Aids

Are you using a skin patch? Yes No

Any known drug allergies? Yes No

If yes, then explain: _____

Please turn over and fill out the back of this form >

Have you had cancer? Yes No

Type of cancer: _____ Diagnosed when? _____

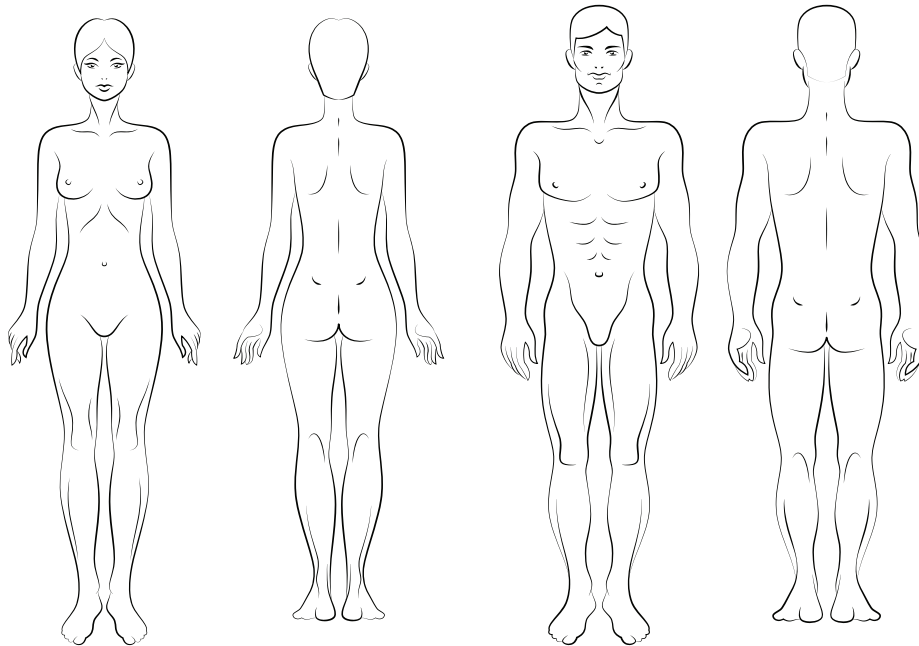
Female patients: Is there a possibility of pregnancy? Yes No

Are you breast feeding? Yes No

When is your next doctor's appointment? _____

What are your symptoms, area of pain, or type of injury? _____

PLEASE SHADE THE AREA OF PAIN



Sometimes MRI requires an injection of contrast (Gadolinium). MRI contrast is given through an IV. This contrast is quite safe, however, as with all medications; there is a slightest risk of an allergic reaction. You must inform the MRI technologist if you have impaired or reduced kidney function prior to receiving contrast.

I have answered the above questions and all information is correct to the best of my knowledge. I understand that if I did not answer these questions correctly, it could be potentially dangerous to my well being to enter the MRI scan room.

Signature: _____ **Date:** _____

Relationship to patient: _____

MRI technologist signature: _____