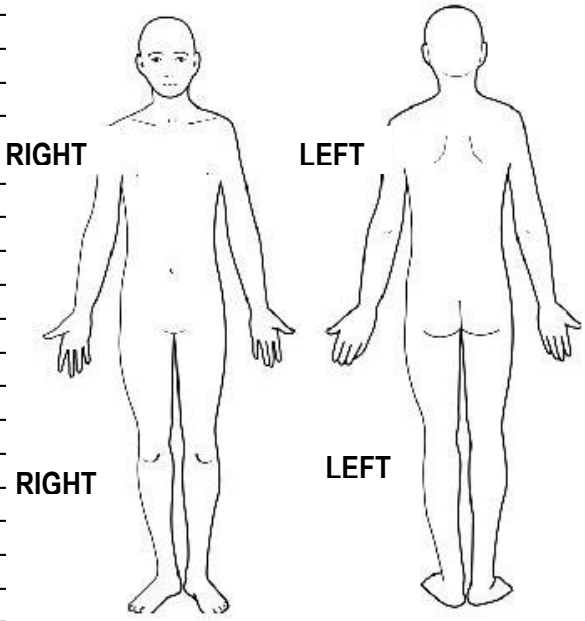
IMAGECARE MRI

PATIENT NAME_____ Date of Birth_____Age_____Weight____Ht__

Are you Right handed_____ Left handed_____ : Smoker____ Non-Smoker____Ex-Smoker____

There is a strong magnetic field used with MRI which can affect the operation of electric and mechanical devices and can be potentially hazardous to your safety.

Do you have a history of: (please circle Yes or No)		***If yes, please explain***
Cardiac Pacemaker	**Y N**	_____
Implanted Cardioverter Defibrillator	**Y N**	_____
Brain Aneurysm Clips	**Y N**	_____
Brain or Inner Ear Surgery	**Y N**	_____
Cochlear Implants	**Y N**	_____
Electric Pumps or Implants	**Y N**	_____
Transdermal Patch	**Y N**	_____
Surgical Pins, Rods, Clips	**Y N**	_____
Hearing Aid	**Y N**	_____
Heart or Lung Surgery	**Y N**	_____
Artificial Joint or Limb	**Y N**	_____
Metal Fragments or Shrapnel	**Y N**	_____
History of Metal Injury to Eyes	**Y N**	_____
Dentures or Dental Prosthesis	**Y N**	_____
Permanent Eyeliner	**Y N**	_____
Magnetic Eyelashes	**Y N**	_____
Are you Breastfeeding	**Y N**	_____
Diabetes	**Y N**	_____
History of Kidney Disease or Dialysis	**Y N**	_____
History of Liver transplant	**Y N**	_____
Personal History of Cancer	**Y N**	_____
Radiation or Chemotherapy	**Y N**	_____
Hypertension	**Y N**	_____
Previous reaction to Gadolinium	**Y N**	_____



Previous or related testing of this area Y N if yes : WHERE AND WHEN

_____

Any surgery to the area being scanned Y N if yes : PLEASE EXPLAIN AND INCLUDE DATE

_____

**** MRI is not currently FDA approved for pregnant females.**

Initial here if you believe you are not pregnant_____ Last menstrual period_____

****Is this exam related to Workers Comp or No Fault? Y N**

****Please describe your symptoms below. Be very specific about your primary complaint (pain, numbness, etc. and where it radiates). Include as much information as possible. Also include where the symptoms are occurring, and if it is your Right or Left side. (Please show on body diagram above.)**

ALL PATIENTS, PLEASE READ AND SIGN **It is imperative that you leave all magnetic items outside of the magnet room. The magnet is strong enough to alter the operation of watches, calculators, etc. The magnet will also erase credit cards and bank cards. Please leave these items in the locker provided.**

Signature: _____ Date:_____ Ear Plugs_____

Technologist notes only:

Screened By_____ Scanned By_____ Pacs list_____Nuance_____ MDM_____Ear Plugs_____