Patient Sticker

_____

Independence Park Imaging
HCA
AN HCA AFFILIATE

Height _____ ft _____ in

Weight _____ lbs.

MRI PATIENT MEDICAL HISTORY

Reason for MRI: _____ Pre-Medication Today? Yes No Name: _____

Have you had a previous MRI/CT of today's exam? Yes No Where? _____ When? _____

Do you have any of the following?

Yes	No		Yes	No	
		Pacemaker			Heart Valve or Stents
		ICD/Defibrillator			Neurostimulator
		Pacing Wires			Ear Cochlear Implant
		Aneurysm Clips			Breast Tissue Expanders

Yes	No		Yes	No	
		Joint Replacement			Claustrophobia
		Implanted Orthopedic Devices			Swan-Ganz catheter
		Tattoos or Permanent Makeup			Ear implants
		Injury to Eye (With Metal Object)			Eyelid Spring or Wire
		Coils, Filters, or Stents			IUD
		Penile Prosthesis			Foreign Body, Shrapnel, or Bullet
		Temperature-sensing Foley Catheter			Medication Patches or Glucose Device
		Pain Pump or Drug Infusion Device			Other Implanted Devices

Do you have symptoms or history related to today's exam?

Right	Left		Right	Left	
		Leg Pain			Hearing Problems
		Arm Pain			Visual Problems
		Weakness			Numbness

Yes	No		Yes	No	
		Neck Pain			History of High Blood Pressure
		Headaches			History of Diabetes
		Dizziness			History of Cancer
		Seizures			History of Stroke
		Back Pain			History of Kidney Disease
		Balance Problems			History of Chemotherapy
		Speech Problems			History of Radiation Therapy
		Any Chance of Pregnancy?			History of Liver Transplant

List all Surgeries & Year: _____

IMPORTANT PATIENT INSTRUCTIONS

Please remove all jewelry, metallic, and electronic objects prior to entering the MRI suite. This includes all credit and bankcards, which will be erased by the scanner if not removed. Please consult the MRI Technologist if you have any questions or concerns BEFORE you enter the MRI suite.

I have read and completed the above questions and verify this by signing below.

_____ _____ _____/_____

Patient or Authorized Representative Signature | Self or Relationship to Patient | Date & Time

_____ _____

Technologist Signature | Date: