MR# _____

Tower Radiology Centers

TECH _____

General MRI Worksheet

NAME _____ DOB _____ WEIGHT _____ SEX M / F

ARE YOU CLAUSTROPHOBIC: ☐ NO ☐ YES ☐ *REQUEST SEDATION *ADDITIONAL FORM TO FILL OUT.

EXAM TO BE PREFORMED TODAY: ☐ LEFT ☐ RIGHT

☐ WITHOUT CONTRAST ☐ WITHOUT & WITH CONTRAST

REASON FOR EXAM: (IF INJURY, WHAT OCCURRED & WHEN)

_____

_____

PRIORS ONLY RELATED TO EXAM: ☐ NO PRIORS RELATED TO EXAM

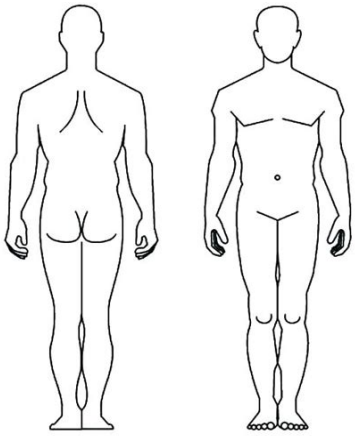
___ XRAY DATE _____ WHERE _____

___ MRI DATE _____ WHERE _____

___ CT DATE _____ WHERE _____

___ ULTRASOUND DATE _____ WHERE _____

SHADE AREA OF INTEREST



BACK FRONT

MEDICAL HISTORY

PERSONAL HISTORY OF CANCER:

☐ NO ☐ YES DATE _____ TYPE_____ CHEMO / RADIATION

OTHER MEDICAL CONDITIONS:

_____

_____

PREVIOUS SURGERY: (LIST ALL & DATE)

_____

_____

ALLERGIES TO MEDICATIONS / FOOD (DESCRIBE TYPE OF REACTION.) ☐ NONE

_____

_____

CONTRAST HISTORY

PRIOR MRI CONTRAST INJECTION: ☐ NO ☐ YES REACTION: ☐ NO ☐ YES, TYPE _____

KIDNEY DISEASE: ☐ NO ☐ YES RECENT LAB WORK: ☐ NO ☐ YES, WHERE _____

DATE _____ BUN _____ CREATININE _____ GFR_____ STAGE _____

MRI SCREENING QUESTIONS:

PLEASE CIRCLE: **** ALERT FRONT OFFICE STAFF IMMEDIATELY**

YES NO PACEMAKER **

YES NO ANEURYSM CLIPS **

YES NO NEUROSTIMULATOR/ SPINAL CORD STIMULATOR

YES NO INSULIN PUMP

YES NO DRUG INFUSION DEVICE

YES NO EAR IMPLANT

YES NO HEARING DEVICE

YES NO BREAST TISSUE EXPANDERS (WITH MAGNETIC PORT)

YES NO IUD

YES NO SHUNT

YES NO RODS/ SCREWS/ PLATES

YES NO JOINT REPLACEMENT

YES NO WIRE SUTURES

YES NO METAL FRAGEMENTS/ SHRAPNEL/ BULLETS

YES NO DENTURES

YES NO TATTOO / PERMANENT MAKEUP

YES NO CLAUSTROPHOBIC

☐ REQUEST SEDATION** (MUST ARRIVE 1 HR BEFORE APPT, WITH A DRIVER)

WOMEN ONLY

YES NO PREGNANT

YES NO BREASTFEEDING (DISCARD MILK FOR 24 HR AFTER INJECTION)

PATIENT SIGNATURE: _____ DATE: _____

_____ OFFICE USE ONLY_____

☐ 65 OR OLDER ☐ DIABETES ☐ KIDNEY DISEASE ☐ DYALISIS

RECENT LAB WORK: (WHEN & WHERE) _____

PRIOR CONTRAST INJECTION: ☐ YES ☐ NO REACTION: ☐ YES ☐ NO

BUN _____ CREATININE _____ GFR_____ STAGE _____