



MRI QUESTIONNAIRE-CHEST AND ABDOMEN

NAME: _____ D.O.B: ___/___/___
(Last) (First)

AGE: _____ SEX: M/ F WEIGHT _____ HEIGHT: _____ ft. _____ in

REFERRING PHYSICIAN: _____

- What type of problem are you having? _____
- Was this a result of an injury? _____
- How long have you had this problem? _____
- Do you have a history of being diagnosed with cancer? Yes ___ No ___ Type _____
- Have you been treated with either Radiation or Chemotherapy? (If yes, circle) Date Completed _____
- Have you ever had surgery on your chest or abdomen? Yes _____ No _____
If yes what type? _____ Date: _____
- **Do you have, or have you ever had, any of the following?: (If yes, circle)**

- | | |
|------------------------------------|---|
| PACE MAKER /DEFIBRILLATOR | METAL SLIVERS IN EYES |
| ANEURYSM or ENDOSCOPY CLIPS | SHRAPNEL (bomb or bullet fragments) |
| COCHLEAR IMPLANTS | HEARING AID |
| HEART VALVE REPLACEMENT | REMOVEABLE DENTAL WORK/DENTURES |
| NEURO STIMULATOR | TATOO'S (over 20 yrs old) |
| PESSARY (Bladder Support) | IUD |
| BODY PIERCING | PENILE IMPLANT |
| DIABETES or KIDNEY DISEASE | MEDICATION PATCH (Birth Control/Nicotine/Nitroglycerine) |

- Have you ever had a CT Scan, Ultrasound or any other imaging studies done of the area being scanned? Yes ___ No ___
If yes, what test/what area? _____
- Have you had any other diagnostics tests on the area that will be scanned today? Yes ___ No ___
If yes, what type of test? _____
- Are you pregnant, or is there a possibility that you might be pregnant? Yes ___ No ___
- Do you have a history of allergies? Yes ___ No ___ If so, what kind? _____

I acknowledge that all the information given is accurate and thereby consent to have Magnetic Resonance Imaging with or without an injection of contrast performed on me. I do not have a pacemaker. I have removed all hearing aids and dentures.

Patient's Signature **Date:** ___/___/___ **Technologist Initials:** _____
Verified Checked Initials: _____

TECHNOLOGIST TO COMPLETE Below This Line

Rad authorizing IV Contrast: _____ Tech: _____ Study **Protocolled** by: _____

Contrast used (circle): **OptiMark** Volume: _____ cc's Lot#: _____ Study **Checked** by: _____