

WDBMRC

White Plains Radiology Associates, P.C.

Name _____ Weight _____

PATIENT HISTORY AND SAFETY SCREENING

1. Have you had any prior surgery related to your current problem?

Date: ___/___/___ Area of body: _____

2. Have you had any prior studies related to your current problem?

_____ X-RAY	DATE/PLACE _____
_____ CT SCAN	DATE/PLACE _____
_____ ANGIOGRAM	DATE/PLACE _____
_____ MRI SCAN	DATE/PLACE _____

3. Are you pregnant? _____ YES _____ NO

Are you breast feeding? _____ YES _____ NO

4. Any history of renal disease/dialysis? _____ YES _____ NO

The following items can interfere with magnetic resonance imaging and some may be hazardous to your safety. Please check the appropriate column for each of the following:

YES	NO	
_____	_____	METAL WORK OR WELDING
_____	_____	CARDIAC PACEMAKER
_____	_____	BRAIN CLIPS
_____	_____	VENOUS UMBRELLA
_____	_____	PESSARY
_____	_____	EYE INJURY (<i>METAL FRAGMENTS</i>)
_____	_____	OTHER METAL IMPLANTS (<i>PLEASE EXPLAIN</i>)
_____	_____	_____
_____	_____	NEUROSTIMULATOR (<i>TENS UNIT</i>)
_____	_____	SHRAPNEL
_____	_____	HEARING AID
_____	_____	BODY PIERCING
_____	_____	INSULIN PUMP
_____	_____	I.U.D.
_____	_____	HEART VALVE OR STENTS
_____	_____	METAL MESH IMPLANT
_____	_____	PERMANENT EYELINER
_____	_____	EAR IMPLANT
_____	_____	SICKLE CELL ANEMIA
_____	_____	PENILE IMPLANT
_____	_____	TRANSDERMAL PATCHES
_____	_____	BREAST EXPANDER

The magnetic resonance imaging (MRI) procedure requires the use of a powerful magnet which will attract metal in or on your body. Therefore, you must remove **ALL** jewelry, watches, credit cards, removable dental work, hearing aids, glasses and clothing containing any metal parts before entering the scan room. Should you have any questions regarding any metal, either on or in your body, please ask your technologist before entering the MRI room.

Signature: _____
Patient/Parent Legal Guardian (if signed by other than patient, indicate relationship)

_____/_____/_____
Date

Witness: _____

STAFF USE ONLY:

If 'yes' to any contraindications, get authorization from radiologist.

Radiologist Authorization: _____