

# STOCKTON MRI PATIENT HISTORY AND SAFETY SCREENING

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patients: Height \_\_\_\_\_ Weight \_\_\_\_\_

Have you had any surgery related to your current problem or region?  Yes  No

If Yes, Date of surgery \_\_\_\_\_ What area of the body? \_\_\_\_\_

Have you had any diagnostic tests related to your current problem?  Yes  No

If Yes, please list, by type, the date and location.

X-Rays Body Part \_\_\_\_\_ Date \_\_\_\_\_ Facility \_\_\_\_\_

CT Scan Body Part \_\_\_\_\_ Date \_\_\_\_\_ Facility \_\_\_\_\_

MRI Scan Body Part \_\_\_\_\_ Date \_\_\_\_\_ Facility \_\_\_\_\_

Ultrasound Body Part \_\_\_\_\_ Date \_\_\_\_\_ Facility \_\_\_\_\_

Others Body Part \_\_\_\_\_ Date \_\_\_\_\_ Facility \_\_\_\_\_

Do you have a history of cancer?  Yes  No If Yes, what type? \_\_\_\_\_

Do you have history of Kidney or Renal Disease?  Yes  No Are you Diabetic?  Yes  No

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## THE FOLLOWING ITEMS CAN INTERFERE WITH THE MRI IMAGING AND SOME MAY BE HAZARDOUS TO YOUR SAFETY

Do you have a cardiac pacemaker or defibrillator?  Yes  No

Have you had any type of heart surgery?  Yes  No

If Yes, Date of surgery \_\_\_\_\_ What type? \_\_\_\_\_

Have you had any type of cardiac stents?

If Yes, Date of placement \_\_\_\_\_

Have you had any type of surgery on your head (brain)?  Yes  No

Is there any possibility that you are pregnant?  Yes  No

Have you ever had any metal fragments caught in your eyes?  Yes  No

If Yes, When \_\_\_\_\_ How/What type? \_\_\_\_\_

Have you had any type of ear surgery?  Yes  No

If Yes, Date of surgery \_\_\_\_\_ What type? \_\_\_\_\_

Any metal shrapnel, implanted devices, wires, pumps, or body piercing?  Yes  No

Brain Aneurysm Clips  Yes  No Removable dentures  Yes  No

Neurostimulators  Yes  No Any known allergies  Yes  No

Any type of prosthesis  Yes  No Do you wear a hearing aid?  Yes  No

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Signature of Patient, Parent, or Guardian

Date

### IMPORTANT INSTRUCTIONS

Before entering the MR environment or MR system room, you must remove all metallic objects including hair pins, dentures, partial plates, keys, beeper, cell phone, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clips, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clippers, and tools.

Please consult the MRI technologist if you have any questions or concern  
**BEFORE** you enter the MR system room.