Lexington Clinic

MRI History and Screening

Please print clearly

Patient name_____Date_____/_____/_____

Date of birth_____/_____/_____ Patient Weight _____Patient Height_____

Referring physician_____

Briefly describe the symptoms you are having _____

_____

_____

_____

List any surgeries you have had _____

_____

_____

Have you had any previous MR or CT scans for this symptom? ☐ Yes ☐ No

If so, when and where?_____

Certain items may interfere with the MRI procedure. Some items may be hazardous to your health.
It is *very important* to inform the MRI staff of any of the following: (Place a check mark if yes.)

☐ Cardiac pacemaker
☐ Cardiac defibrillator
☐ Cardiac loop recorder
☐ Artificial heart valve
☐ Hearing aids
☐ Eye implants/prosthesis
☐ Dentures/partial plates
☐ Surgical clips/staples
☐ Swan-Ganz catheter
☐ Biostimulators
☐ Deep brain stimulator
☐ Artificial limbs or joints
☐ Any other implanted item (please list)
_____
☐ External electronic device_____
☐ Any implanted orthopedic device (pins, plates, screws, nails, wires, clips, etc.)
☐ Transdermal Patches
☐ Aneurysm clip(s)
☐ Bladder stimulator
☐ Neurostimulator
☐ Internal electrodes
☐ Ear implants
☐ Implanted drug device (pain pump)
☐ Implants held in place by magnets
☐ Vascular access ports
☐ Intraventricular shunt
☐ IUD
☐ Penile prosthesis
☐ Tattoos/body piercings
☐ Any type of shrapnel, foreign body or bullets
☐ Metal slivers in eyes
☐ Any type of intravascular coils, stents or filters

Do you have/or have you ever had any of the following conditions: (Place a check mark if yes.)

☐ Cancer; If yes, what type:_____
☐ Heart Condition
☐ Renal Condition
☐ Liver Condition
☐ Surgery in the area to be scanned
☐ Diabetes
☐ Conditions of the blood
☐ Communicable disease
☐ Currently breast-feeding
☐ High blood pressure

I attest that the above information is correct to the best of my knowledge. I have read and understand the contents of this form and have had the opportunity to ask questions regarding the information on this form.

Patient Signature:_____**Date**_____

Parent/Guardian:_____**Date**_____

MR Technologist comments_____