MRI SPINE PATIENT HISTORY AND SCREENING

Name:F	Referring Physician:
Please explain your present complaint or pro	oblem in detail
How long have you had this problem?	
Is this problem as a result of injury?	
My problem affects my: (Please circle any/all extremities involved) Left arm Right arm	
Radiation	•
Have you had any previous studies of the bo	ody part being scanned today? ☐ Yes ☐ No
If yes, type of study?	
	the areas of your pain and other symptoms:
Right Side Left Side	Left Side Right Side (please turn over)



The following items may be harmful to you during your MRI
Scan or may interfere with the MRI examination. You must
provide a "yes" or "no" for every item. Please indicate if you
have, or have had any of the following:

NAME:		
DOB:_		

	YES	NO
Any type of electronic, mechanical, or magnetic implant: eye, ear (otologic, cochlear, or other ear implant), penile, or other If yes, type:		
Cardiac pacemaker		
Aneurysm clip		
Implanted cardiac defibrillator (ICD)		
Neurostimulator / biostimulator (e.g., spinal cord or brain stimulator) If yes, type		
Any type of internal electrodes or wires		
Hearing aid		
Implanted drug pump (e.g., insulin, baclofen, chemotherapy, pain medicine)		
Halo vest		
Spinal fixation device		
Spinal fusion procedure		
Any type of coil, filter, or stent If yes, where and what type?		
Any type of metal object (e.g., shrapnel, bullet, BB, metal fragment, or foreign body)		
Bone growth / bone fusion stimulator		
Artificial heart valve		
Eyelid spring		
Any type of surgical clip or staple		
Any IV access port (e.g., Broviac, Port-a-Cath, Hickman, PICC line)		
Medication patch (e.g., nitroglycerin, nicotine)		
Shunt (spinal or intraventricular)		
Prosthesis (artificial limb, joint, or eye) If yes, location:		
Tissue expander (e.g., breast)		
Removable dentures, false teeth or partial plate		
Diaphragm, IUD, pessary If yes, type:		
Surgical mesh If yes, location		
Body piercing, including dermal (under the skin) If yes, location		
Permanent makeup (tattoos or tattooed eyeliner)		
Radiation seeds (e.g., cancer treatment)		
Bone / joint pins, rods, screws, nails, plates, wires, etc. If yes, location:		
Tracking device (such as an ankle bracelet provided by law enforcement)		

