Stacy Medical Center

MRI Questionnaire/Consent Form

The MRI System has a very strong magnetic field that may be hazardous to individuals entering the MR environment or MR scan room - if they have had certain metallic, electronic magnetic or mechanical implants, devices or objects. Therefore, ALL individuals are required to fill out this form BEFORE entering the MR environment or MR scan room. Be advised, the MR system is ALWAYS ON.

Name: ________________________________ Referring Physician: Steven H. Florman, M.D.

DOB: ____________________ AGE: ________ Weight: ___________ Height: ______________

If female, are you pregnant? Yes / No

Cardiac Pace Maker/Defibrillator	Yes o	No o
War Injury or Gun Shot	Yes o	No o
Aneurysm Clips	Yes o	No o
Prior Brain Surgery	Yes o	No o
Middle Ear Surgery	Yes o	No o
Prior Vascular Surgery	Yes o	No o
IUD, Diaphragm, or Pessary	Yes o	No o
Tattoos/Permanent Eyeliner	Yes o	No o
Medicinal Patches	Yes o	No o
Tens Unit/Other Electrical Implant	Yes o	No o
Dentures, Retainers, Other Dental	Yes o	No o
Metal Rod, Pin or Screw	Yes o	No o
Joint Replacement/Orthopedic Prosthesis	Yes o	No o
Cancer or Tumor	Yes o	No o
Radiation Therapy / Chemotherapy / Radiation Seeds or Implants	Yes o	No o
Renal or Kidney Disease Hearing Aid	Yes o	No o

Physician Review to any "Yes" answers: (Initial) ______________________________________
Action Taken: ____

Are you claustrophobic (have a fear of enclosed spaces such as elevators)?	Yes o	No o
Are you taking any medication for claustrophobia or anxiety?	Yes o	No o
Is there any chance that you could have metallic objects in your eyes, head, or body?	Yes o	No o
Have you done metal work or welding as a profession or hobby?	Yes o	No o

REMOVE ALL FERROMAGNETIC OBJECTS INCLUDING WATCHES, JEWELRY, CREDIT CARDS, KEYS.

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

Patient Signature: ______________________________ Date: _______________