NORTH JEFFERSON IMAGING

MRI SCAN DATA SHEET

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIRTH DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_\_\_\_\_ HEIGHT: \_\_\_\_\_\_\_\_\_\_\_\_\_ WEIGHT: \_\_\_\_\_\_\_\_\_\_\_\_

DO YOU HAVE ANY OF THE FOLLOWING:

(PLEASE CHECK) NO YES EXPLAIN

|  |  |  |  |
| --- | --- | --- | --- |
| PACEMAKER/DEFIBRILLATOR |   |  |  |
| HEART SURGERY(ie: valve replacement) |  |  | TYPE: WHEN: |
| HEART STENT |  |  | WHEN: |
| RENAL (KIDNEY) DISORDER |  |  | TYPE: |
| CAROTID CLIPS |  |  | WHEN: |
| MECHANICAL/ELECTRICALDEVICES. (ie: pain or insulin pump)  |  |  |  |
| EPIDERMAL PATCH(ie: pain patch) |  |  | TYPE:WHERE:DATE PATCH WAS APPLIED:  |
| DENTURES/PARTIALS(with metal) |  |  |  |
| SHRAPNEL/METAL IN BODY |  |  | TYPE: SURGERY DATE:WHERE: |
| COCHLEAR (EAR) IMPLANT OR HEARING AID |  |  |  |
| METAL SHAVINGS IN EYE |  |  |  |
| HEAD SURGERY (ie: shunt; aneurysmal clip) |  |  | TYPE:WHEN: |
| ANY SURGERY IN THE PAST 6 WEEKS |  |  | TYPE: WHEN:  |
| CANCER |  |  | TYPE:WHEN: |
| PREGNANT/CHANCE OF PREGNANCY |  |  |  |
| IS TODAY’S SCAN RELATED TO ANY INJURY? |  |  | TYPE:WHEN: |

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PATIENT’S OR LEGAL GUARDIAN’S SIGNATURE