

MRI PATIENT INFORMATION

Today's Date: ____/____/____

Name: _____ Male Female _____ Age _____
Last First MI

DOB: _____ Height _____ **Weight _____ Referring Physician: _____

In the interest of safety, we require that all patients change into a gown for their MRI exam. Additionally, you cannot bring any valuables into the scanning room (including credit cards) so the technologist will lock these up for you outside of the room.

**** Your accurate weight is important! You may be weighed by the technologist prior to your exam. If your weight exceeds 350 lbs. an alternate study may be recommended by your physician.**

Briefly describe the problem(s) you are experiencing that made you see your doctor: _____

Yes No Have you had any surgery related to your current problem(s)? _____

Yes No Do you have a personal history of cancer in any part of your body? _____

What part of your body and when was this diagnosis made? _____

<p>PERTINENT PREVIOUS STUDIES:</p> <p>X-rays</p> <p>Computed Tomography also known as (CT) (CAT Scan)</p> <p>Ultrasound</p> <p>Nuclear Medicine</p> <p>MRI</p>	<p>WHEN and WHERE WERE THEY PERFORMED?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Please use this diagram to mark where you are feeling pain:



