



AS0050

NEW PATIENT QUESTIONNAIRE - MEDICAL IMAGING

FOR FEMALE PATIENTS: TO THE BEST OF MY KNOWLEDGE, THERE IS NO POSSIBILITY THAT I MAY BE PREGNANT AND I WISH TO PROCEED WITH MY MRI ORDERED BY MY PHYSICIAN. IN THE EVENT THERE IS A POSSIBILITY THAT I MAY BE PREGNANT, I HAVE DISCUSSED AND HAD ANSWERED BY MY PHYSICIAN, RADIOLOGIST AND TECHNICIAN, ANY CONCERNS I MAY HAVE REGARDING MY MRI. I ACKNOWLEDGE THAT THERE IS NO LEGAL DOCUMENTATION SUPPORTING PREGNANCY AND MRI.

As stated in the Policies, Guidelines, and Recommendations for MR Imaging Safety and Patient Management issued by the Safety Committee of the Society for Magnetic Resonance Imaging in 1991, "MR imaging may be used in pregnant women if other nonionizing forms of diagnostic imaging are inadequate or if the examination provides important information that would otherwise require exposure to ionizing radiation (e.g., fluoroscopy, CT, etc.). Pregnant patients should be informed that, to date, there has been no indication that the use of clinical MR imaging during pregnancy has produced deleterious effects." This policy has been adopted by the American College of Radiology and is considered to be the "standard of care" with respect to the use of MR procedures in pregnant patients. Importantly, this information applies to MR systems operating up to and including 3-Tesla regardless of the trimester.

For female Patients:

- 10. Date of last menstrual period: ____ / ____ / ____ Post-menopausal? No Yes
- 11. Are you pregnant or experiencing a late menstrual period? No Yes
- 12. Are you taking oral contraceptives or receiving hormonal treatment? No Yes
- 13. Are you taking any type of fertility medication or having fertility treatments? No Yes
If yes, please describe: _____
- 14. Are you currently breastfeeding? No Yes

Reason for MRI and/or Symptoms (pain, swelling, dizziness, decrease weakness, etc.)

Technologist Name

Technologist Signature

Date/Time



AS0050

NEW PATIENT QUESTIONNAIRE - MEDICAL IMAGING

WARNING: Certain implants, devices or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI, MR Angiography, Functional MRI, MR Spectroscopy). **DO NOT ENTER** the MR system room or MR environment if you have any questions or concern regarding an implant, device or object. Consult the MRI Technologist or Radiologist **BEFORE** entering the MR system room. The MR system magnet is **ALWAYS ON**.

Please indicate if you have any of the following:

- Yes No Aneurysm clip(s)
- Yes No Cardiac pacemaker
- Yes No Implanted cardioverter defibrillator (ICD)
- Yes No Electronic implant or device
- Yes No Magnetically-activated implant or device
- Yes No Neurostimulation system
- Yes No Spinal cord stimulator
- Yes No Internal electrodes or wires
- Yes No Bone growth/bone fusion stimulator
- Yes No Cochlear, otologic, or other ear implant
- Yes No Insulin or other infusion pump
- Yes No Implanted drug infusion device
- Yes No Any type of prosthesis (eye, penile, etc.)
- Yes No Heart valve prosthesis
- Yes No Eyelid spring or wire
- Yes No Artificial or prosthetic limb
- Yes No Metallic stent, filter, or coil
- Yes No Shunt (spinal or intraventricular)
- Yes No Vascular access port and/or catheter
- Yes No Radiation seeds or implants
- Yes No Swan-Ganz or thermodilution catheter
- Yes No Medication patch (Nicotine, Nitroglycerine)
- Yes No Any metallic fragment or foreign body
- Yes No Wire mesh implant
- Yes No Tissue expander (e.g., breast)
- Yes No Surgical staples, clips, or metallic sutures
- Yes No Joint replacement (hip, knee, etc.)
- Yes No Bone/joint pin, screw, nail, wire, plate, etc.
- Yes No IUD, diaphragm, or pessary
- Yes No Dentures or partial plates
- Yes No Tattoo or permanent makeup
- Yes No Body piercing jewelry
- Yes No Hearing aid (Remove before entering MR system room)
- Yes No Other implant _____
- Yes No Breathing problem or motion disorder
- Yes No Claustrophobia



AS0050

NEW PATIENT QUESTIONNAIRE - MEDICAL IMAGING

Before entering the MR environment or MR system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cellphone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners, & clothing with metallic threads. Please consult the MRI Technologist or Radiologist If you have any question or concern BEFORE you enter the MR system room.

NOTE: You may be advised or required to wear earplugs or other hearing protection during the MR procedure to prevent possible problems or hazards related to acoustic noise.

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

Patient Name

Patient Signature

Date/Time_____

IF FORM COMPLETED BY OTHER:

Form Completed by: Patient Relative Nurse Other

Patient Name:

Patient Signature:

Relationship to Patient:

Date/Time_____

DO NOT SIGN BELOW THIS AREA. FOR OFFICE PERSONNEL ONLY:

Form Information Reviewed by:

Print Name

Sign Name

_____MRI Technologist _____Nurse _____Radiologist _____Other