Patient Name______________________________________ Patient ID (staff)_______________________

Date of Birth_______________ Age________ Sex **M** ☐ **F** ☐ Weight___________ Height__________

Primary Care Physician_________________________________CPT (staff)__________________________

Why has the doctor ordered this examination?____

Have you ever had an MRI of this area before? **YES** ☐ **NO** ☐ If yes, where?______________________

Are you pregnant or suspect you are pregnant? **YES** ☐ **NO** ☐ Are you breast feeding? **YES** ☐ **NO** ☐

Do you have any drug allergies? **YES** ☐ **NO** ☐ If yes, explain___________________________________

Have you ever had a surgical procedure or operation of any kind? **YES** ☐ **NO** ☐

If yes, list all surgeries____

Do you have any other medical problems such as HTN, heart disease, cancer, asthma, lung problems, kidney problems, sickle cell anemia, etc.? **YES** ☐ **NO** ☐

If yes, explain____

Do you have any foreign bodies (bullets, bb, shrapnel, metallic shaving slivers, etc.) **YES** ☐ **NO** ☐

If yes, explain____

Do you have any of the following

YES ☐ **NO** ☐ Cardiac Pacemaker
YES ☐ **NO** ☐ Ear Implant
YES ☐ **NO** ☐ Surgical Clips
YES ☐ **NO** ☐ Aneurysm Clips
YES ☐ **NO** ☐ Body Piercing
YES ☐ **NO** ☐ Ear Piercing
YES ☐ **NO** ☐ Tattooed Eyeliner
YES ☐ **NO** ☐ Vascular Access Port
YES ☐ **NO** ☐ Orthopedic Implants (rods, screws, etc.)
YES ☐ **NO** ☐ Artificial Eye or Lens Implant
YES ☐ **NO** ☐ Heart/Vascular Surgery
YES ☐ **NO** ☐ Shunt Tube in Your Brain
YES ☐ **NO** ☐ Bone or Pain Stimulator, Tens Unit
YES ☐ **NO** ☐ Removable Dental Work
YES ☐ **NO** ☐ Implanted Drug Infusion Devise
YES ☐ **NO** ☐ Artificial Limb or Joint

Any other electronic, metal, or magnetic implants____

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

Patient Signature____ Date__________________

Parent or Guardian____ Date__________________

STAFF USE ONLY Clinical History

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