HSS Radiology and Imaging-MRI
HOSPITAL FOR SPECIAL SURGERY

DATE: ________________________

NAME:____ HISTORY #:______________

DATE OF BIRTH: __________________________/ AGE: _________

Have you ever had an MRI study at HSS? Yes / No
Have you ever had any x-rays at HSS? Yes / No
What is your weight? ___________lbs Height? _______________

ATTENTION MR PATIENTS AND ACCOMPANYING FAMILY MEMBERS:
The MR room contains a very strong magnet. Before you are allowed to enter, we must know if you have any metal in your body. Some metal objects can interfere with your scan and even be dangerous, so please answer the following questions carefully. This is particularly important with regards to prior surgery on the part of the body which we will be scanning.

Have you had an operation or surgical procedure of any kind? Please list all surgical procedures including dates: Yes / No

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What does your doctor think is wrong?____
____

PACEMAKER, wires or defibrillator Yes / No
Brain/aneurysm clip Yes / No
Ear **IMPLANT**/**HEARING AID** (must be removed **prior to MRI**) Yes / No
Infusion pump, or medication pump of any kind Yes / No
Do you have kidney disease? Yes / No
If yes, what is your creatinine level: ____________________________Date: __________________

Have you had a piece of metal removed from your eye? Yes / No
Are you pregnant or breastfeeding? Yes / No
Do you have claustrophobia (fear of enclosed spaces)? Yes / No

OVER

Please Indicate If You Have Any Of The Following Items In Your Body:

Eye implant	Yes	/	No
Electrical stimulator for nerves or bone	Yes	/	No
Bullets, BBs or pellets	Yes	/	No
Metal shrapnel or fragments	Yes	/	No
Magnetic implant (anywhere in the body)	Yes	/	No
Skin patch for medication	Yes	/	No
Coil, filter, stent or wire in a blood vessel	Yes	/	No
Artificial limb or joint	Yes	/	No
Eyelid tattoo	Yes	/	No
Implanted catheter or tube	Yes	/	No
Artificial heart valve	Yes	/	No
Penile prosthesis	Yes	/	No
Shunt	Yes	/	No
False teeth, retainers, or magnetic braces	Yes	/	No
Surgical clips, staples, wires, mesh, or sutures	Yes	/	No
Intrauterine device (IUD)	Yes	/	No
Orthopedic hardware (plates, screws, pins, rods, wires)	Yes	/	No
Tissue expander for future implants.	Yes	/	No

The normal function of the MR unit generates electrical currents which may create a sensation of warmth, either in the sides of the imaging unit or in the surrounding coil. If you experience any focal warmth that leads to discomfort, please notify the technologist immediately.

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

Patient's Signature (or Guardian): ____________________________Date:___________

Reviewer#1: _________________________Reviewer #2: ______________________