

MRI HISTORY

**LUBBOCK DIAGNOSTIC RADIOLOGY, L.L.P.
COVENANT DIAGNOSTIC IMAGING
LUBBOCK RADIOLOGY, L.P.
NEUROSURGICAL ASSOCIATES, L.L.P.
LUBBOCK IMAGING MANAGEMENT SERVICES, LTD**

DATE: _____

NAME: _____ REFERRING PHYSICIAN _____

DATE OF BIRTH _____ AGE _____ SEX: M F WEIGHT: _____ LBS

PLEASE LIST ANY ALLERGIES TO MEDICATIONS: _____

DO YOU HAVE ANY OF THE CONDITIONS LISTED?

___ HIGH BLOOD PRESSURE ___ ASTHMA ___ HAYFEVER

___ CARDIOVASCULAR (HEART) DISEASE ___ OTHER CHRONIC RESPIRATORY PROBLEMS

HAVE YOU HAD ANY PRIOR SURGERY? _____ IF YES, LIST: _____

WOMEN: ARE YOU OR COULD YOU POSSIBLY BE PREGNANT? YES NO

DATE OF LAST MENSTRUAL CYCLE: _____

DO YOU HAVE HISTORY OF CANCER? _____ IF YES, PLEASE EXPLAIN: _____

HAVE YOU HAD PRIOR IMAGING STUDIES OF THE AREA BEING SCANNED TODAY? _____

X-RAYS _____ CT _____ MRI _____ OTHER _____

HAVE YOU EVER WORKED IN A MACHINE SHOP OR SIMILAR ENVIRONMENT WHERE YOU MAY HAVE BEEN
SUBJECTED TO SMALL METAL SLIVERS? YES NO

THE FOLLOWING ITEMS MAY BE HAZARDOUS OR INTERFERE WITH MR IMAGING. PLEASE INDICATE IF YOU HAVE THE FOLLOWING:
YES NO

- ___ ___ CARDIAC PACEMAKER
- ___ ___ INTRACRANIAL VASCULAR CLIPS, ANEURYSM CLIPS, OR SURGICAL STAPLES
- ___ ___ METAL FRAGMENTS IN OR AROUND EYES
- ___ ___ EAR IMPLANTS (COCHLEAR)
- ___ ___ NEUROSTIMULATOR, INSULIN PUMP, ELECTRODES, INFUSION PUMP
- ___ ___ HEARING AID
- ___ ___ SHUNT: SPINAL / VENTRICULAR / PENAL
- ___ ___ JOINT REPLACEMENT: BONE OR JOINT / PLATES / HARRINGTON RODS
- ___ ___ WIRE SUTURES
- ___ ___ SHRAPNEL OR BULLET
- ___ ___ HEART VALVE PROSTHESIS, ORBITAL / EYE PROSTHESIS
- ___ ___ ANY OTHER IMPLANT ITEM: _____
- ___ ___ TATTOOED EYELINER
- ___ ___ DENTAL WORK THAT IS REMOVABLE
- ___ ___ CLAUSTROPHOBIA (A FEAR OF CLOSE / ENCLOSED PLACES)

* DATE IF INJURY? _____

* WHEN IS YOUR NEXT APPOINTMENT WITH THE DOCTOR THAT REFERRED YOU FOR THIS TEST? _____

* PLEASE LIST THE SYMPTOMS / COMPLAINTS FOR WHICH THIS TEST WAS REQUESTED: _____

PATIENT / GUARDIAN SIGNATURE

FOR OFFICE USE ONLY:

EXAM _____ # _____

CONTRACT USED:
_____ CC OMNISCAN INJECTED BY: _____ EXISTING IV _____ STICK _____