Patient History Questionnaire (MRI)

Patient Name:____ Date: ________________________

Reason for Procedure:

Please check any of the following symptoms that you are experiencing:

☐ Chest pain ☐ Headaches ☐ Nausea ☐ Hearing loss
☐ Abdominal pain ☐ Blackouts ☐ Blurred vision ☐ Ringing in ears
☐ Pelvic Pain ☐ Dizziness ☐ Memory loss ☐ Seizures
☐ Back pain ☐ Neck pain ☐ Unexpected weight loss
☐ Shoulder pain - (☐ Right/☐ Left) ☐ Numbness - (☐ Right side/☐ Left side)
☐ Leg pain - (☐ Right/☐ Left) ☐ Weakness - (☐ Right side/☐ Left side)
☐ Arm pain - (☐ Right/☐ Left) ☐ Other: ____________________

How and when did these symptoms occur (e.g., injury, just started, etc.)?

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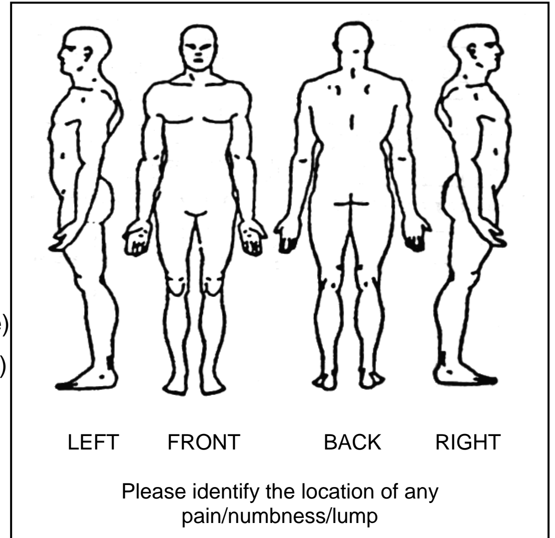

Please identify the location of any pain/numbness/lump

Medical History:

1. Do you have or have you had any of the following?

☐ Cancer ☐ Heart disease ☐ Kidney/renal disease ☐ Multiple myeloma ☐ Hypertension
☐ Seizures ☐ Sickle cell anemia ☐ Tumor, lump or mass ☐ Bleeding tendency ☐ Heart arrhythmia
☐ Diabetes ☐ Congenital heart defect ☐ Glaucoma ☐ Stroke
☐ Asthma, bronchitis or emphysema ☐ Other illness/disease: ______________________________

2. Have you had any tests (MRI, CT, X-Ray, etc.) performed for the symptoms you are currently experiencing? ☐ Yes ☐ No

   If yes, please list the date, type and who performed the test: ______________________________

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3. Have you had any surgeries or therapies (e.g., radiation therapy, chemotherapy, etc.)? ☐ Yes ☐ No

   If yes, please list the date and type of surgery or therapy: ______________________________

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4. Are you currently taking any medications? ☐ Yes ☐ No

   If yes, please list all medications you are currently taking: ______________________________

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5. Do you have any allergies (e.g., medications, latex, food, etc). ☐ Yes ☐ No

I hereby certify that the above information is true and correct to the best of my knowledge.

______________________________ ______________________________ ______________
Patient or Legal Representative Signature Print Name and Authority (if legal representative) Date

Technologist Notes:____

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