MRI Extremity Questionnaire

Name: ______________________________ D.O.B. __/__/__ Sex: M/F WT: _____ lbs

Why are you having the exam? (Symptom): __________________________________________

What side, location, body part is involved? (Location): __________________________________

How long have you had this problem? (Duration): __________________________________________

If due to injury, how did it occur? (Mechanism of Injury): ________________________________

☐ YES NO ☐ Have you ever had a reaction to MRI contrast?
☐ YES NO ☐ Is there any chance you may be pregnant? Date of last menstrual period? __________
☐ YES NO ☐ Do you wear a Dexcom, Libre, or other glucose monitor?
☐ YES NO ☐ Do you have Horizon Blue Cross/Blue Shield insurance? ____________________________
☐ YES NO ☐ Do you have a history of being diagnosed with cancer? Type? _______________________
☐ YES NO ☐ Any radiation therapy? If YES, dates? ___________________________________________
☐ YES NO ☐ Any chemotherapy? If YES, dates/type? _________________________________________
☐ YES NO ☐ Any prior imaging of the area? Where/when? ________________________________
☐ YES NO ☐ Any prior surgery of the area? Type/dates? ________________________________
☐ YES NO ☐ Have you ever had arthroscopy on the area being scanned?
☐ YES NO ☐ Have you had an injection of the area being scanned?
☐ YES NO ☐ Have you ever had any other imaging studies done of the area being scanned?
    If yes, what test/what area? __________________________________________
☐ YES NO ☐ Are you in a lung cancer screening program with yearly CTs of the chest?
☐ YES NO ☐ Do you now or have you ever smoked?
    If YES, how many years did you smoke? ________ years
    How many packs per day did you smoke? _____ packs per day
    How long ago did you quit? If still smoking, mark as “0”: ______ years ago

I acknowledge that all the information given is accurate and thereby consent to have MRI with or without an injection of contrast performed on me.

Signature: ___________________________________________ Date: __/__/__

Technologist Notes: ______________________________

______________________________________________

Technologist Initials: ____________________