G Clef MRI

`2453 FL 7 Lauderhill, FL 33313 **Tel**: (954)-533-4846 **Fax:** (954)-533-4946 **Email**:GClefMRIplus@gmail.com

PATIENT HISTORY & SCREENING FORM

Patients Name:_____ **Date:**_____

Address:_____

SSN#: _____ **Date of Birth:** _____ **Age:**_____

Sex: [ ] Female [ ] Male Home#: _____ **Cell#:** _____

Date of Accident/ Injury: _____ **[ ] Auto [ ] Work [ ] Other** _____

Type of MRI: _____ **Referring Physician:** _____

Have you ever had any of the following? If yes, please explain.

[ ] **Yes** [ ] **No** Have you had a previous MRI related to this problem? _____
[ ] **Yes** [ ] **No** Have you had any surgery related to this problem?_____
[ ] **Yes** [ ] **No** Have you taken any sedation/medication to relax you?_____
[ ] **Yes** [ ] **No** Have you had Heart surgery/Heart valve/Pacemaker?_____
[ ] **Yes** [ ] **No** Have you had Brain surgery/ Aneurysm clips?_____
[ ] **Yes** [ ] **No** Have you had Eye surgery/ Implants? _____
[ ] **Yes** [ ] **No** Have you had Ear surgery/Implants/Hearing Aid? _____
[ ] **Yes** [ ] **No** Do you have any Screws, Pins, or Rods? _____
[ ] **Yes** [ ] **No** Do you have any Metal Implants/Wire Suture/ Wire Staples/ Electrodes?_____
[ ] **Yes** [ ] **No** Do you have any history of Cancer or Tumors? _____
[ ] **Yes** [ ] **No** Have you had any Radiation Therapy/ Chemotherapy? _____
[ ] **Yes** [ ] **No** Do you have any Electrical , Mechanical, or Magnetic Implants?_____
[ ] **Yes** [ ] **No** Do you have Dentures, Parials, or Implants?_____
[ ] **Yes** [ ] **No** Do you have any tattoos, Permanent Make-up, or Body Piercings?_____
[ ] **Yes** [ ] **No** Do you have any Gunshot Wounds, Shrapnel, or BB's?_____
[ ] **Yes** [ ] **No** Are you Pregnant? Last Menstrual Cycle?_____

List any Drug Allergies: _____
List previous Surgeries:_____
List Current Medications, dose & schedule: _____

Hospitalized for this injury [ ] Yes or [ ] No Name of Hospital:_____

I fully understand all above questions and understand that this facility and/ or Technologist cannot be held responsible for false information.

Signature : _____ **Date :** _____