

**ROWE NEUROLOGY  
INSTITUTE  
MRI QUESTIONNAIRE**

MRI # \_\_\_\_\_

**PLEASE NOTE THERE IS A \$250 CHARGE FOR MRI APPOINTMENTS NOT CANCELLED 24 HOURS IN ADVANCE.  
THIS POLICY IS STRICTLY ENFORCED.**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

**PREVIOUS MRI/CT? OF BRAIN OR SPINE? YES or NO (CIRCLE ALL APPLICABLE)**  
SCAN TYPE \_\_\_\_\_ WHEN \_\_\_\_\_ WHERE? \_\_\_\_\_

**RESULTS NORMAL OR ABNORMAL (CIRCLE ONE)  
IF ABNORMAL, PROVIDE FILMS/REPORT TO MRI TECHNOLOGIST**

YES	NO	EVER HAD SURGERY OF BRAIN / NECK / BACK / ARTERY. IF YES, TYPE & DATE:
YES	NO	ARE YOU PREGNANT / NURSING / IUD
YES	NO	DO YOU USE: WHEEL CHAIR, STRETCHER, WALKER, CANE, CRUTCHES
YES	NO	ADDITIONAL OXYGEN REQUIRED
YES	NO	CLAUSTROPHOBIC: MILD MODERATE SEVERE (SCRIPT GIVEN? Y N )
YES	NO	REMOVABLE DENTAL WORK / EYE OR EAR IMPLANTS
YES	NO	SHEET METAL WORK, WELDING OR GRINDING WORK (ORDER GIVEN Y N )
YES	NO	ANY METAL IN BODY (I.E. SHRAPNEL/GUNSHOT WOUND/IMPLANTS/FRAGMENTS/ DEVICES) EXPLAIN:
YES	NO	ANEURYSM CLIPS OR COILS / BLOOD VESSEL CLIPS / PACEMAKER WIRES/STENTS
YES	NO	CARDIAC PACEMAKER / DEFIBRILLATOR / HEART VALVE / NEUROSTIMULATOR
YES	NO	HAIR WEAVE
YES	NO	EPILEPTIC, PARKINSON'S DISEASE / SPASMS
YES	NO	INSULIN PUMP / SHUNTS / NITROGLYCERIN PATCH
YES	NO	DRUG ALLERGIES (LIST):
YES	NO	URINARY INCONTINENCE
YES	NO	ANY CONDITION PREVENTING YOU FROM LAYING STILL:
YES	NO	WILL YOU NEED ASSISTANCE CLIMBING ONTO EXAM TABLE...IF YES, HOW MANY PEOPLE WILL YOU NEED TO ASSIST YOU:
YES	NO	STAFF OPINION...WILL THIS PATIENT REQUIRE EXTRA TIME?

DESCRIBE YOUR SYMPTOMS: \_\_\_\_\_  
\_\_\_\_\_

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
REVIEWED IN CLINIC BY: \_\_\_\_\_

DID THE TECHNOLOGIST IDENTIFY THE PATIENT BY PHOTO ID AND BY STATING THEIR FULL NAME AND DOB: YES NO

TECH Initials \_\_\_\_\_ PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE FOR OFFICE PERSONNEL ONLY**

Gadavist \_\_\_\_\_ mL Dose: 0.1 mL/kg Lot# \_\_\_\_\_  
1 mmol/mL  
Injection site \_\_\_\_\_ Exp: \_\_\_\_\_  
T1 delayed post injection \_\_\_\_\_

SCREENED BY: \_\_\_\_\_ SCANNED BY: \_\_\_\_\_