

MRI COVERSHEET

Please answer ALL questions

****Check in at the MRI Department at Ft Stewart prior to your exam****

MRI Reception area located behind Emergency Department at Winn Army Community Hospital

PATIENT'S NAME: _____

DATE OF BIRTH: _____ SEX: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

HOME #: _____ CELL #: _____ WORK# _____

****Please provide a current/local phone # in case you need to be contacted about your appointment****

LAST 4 OF SPONSOR'S SSN: _____

(i.e., Active Duty's/Retiree's last 4 of SSN)

FAMILY MEMBER PREFIX: _____ (Active Duty / Retiree-20; Dependent spouse-30, 31, etc.; Dependent Child/ren-01.02, etc.)

I have viewed the MRI safety tape. YES _____ NO _____

PATIENT HISTORY (It is important to answer ALL questions)

1. Do you suffer from CLAUSTROPHOBIA or have fears of being in a closed or confined space?
YES _____ NO _____

****If YES, let your ordering physician know so they can arrange sedative medications to help you complete your exam. If medicated, bring a driver with you.****

2. For females, are you pregnant or breastfeeding? YES _____ NO _____

3. What is your approximate weight? _____

4. Have you had any previous brain, eye, or heart surgery?
If YES, list type of surgery on back of YES _____ NO _____

5. Do you have any of the following:

Aneurysm or vascular clips	YES _____	NO _____
Intra-cranial bypass clips	YES _____	NO _____
Middle ear prosthesis (cochlear implants) or hearing aid	YES _____	NO _____
Any prosthetic device (joint, eye, etc.)	YES _____	NO _____
Neurostimulator (tens unit), infusion pump, or port-a-cath	YES _____	NO _____
Vena Cave Filter (umbrella)	YES _____	NO _____
Shrapnel, metallic splinters, or other foreign bodies	YES _____	NO _____

(If YES, list in what part of body on back of this form)

Cardiac arrhythmia (irregular heart beat) YES _____ NO _____

Biostimulator YES _____ NO _____

Permanent eyeliner, tattoo, wig, hairpiece YES _____ NO _____

Dentures, braces, or permanent magnetic posts YES _____ NO _____

Metal Implants, wire sutures, or wire mesh YES _____ NO _____

Please continue on back of this form -- OVER →

6. Please list any previous surgeries you have had and/or location of shrapnel, metallic splinters, or other foreign bodies.

What part of your body are you having your MRI of today? _____

Depending on how your exam is ordered, you may receive intravenous MRI dye (it does NOT contain iodine) for your exam to be complete. The Radiologist will determine this at the time of your exam.

You may NOT enter the scan room with any of the following objects:

Stimulator	Infusion Pump	Pacemakers	Hairpins
Dentures	Barrettes	Hearing Aid	Safety Pins
Glasses	Jewelry	Pocket Knife	Belt
Ink Pens	Wallet	Keys	Credit Cards
Beeipers	Cell Phones	Weapons	Watch

Anything with a magnetic strip

The above items as well as other metal items may not be taken into the magnet scan room. They may result in damage to the equipment and MRI system, or personal injury to the patient. A container will be provided for your personal items outside the scan room in the operator/computer/control room. Please note we are NOT responsible for your personal items during your exam. Please wear comfortable clothes for your exam.

Due to limited space and patient privacy regulations that we must abide by, only the patient will be allowed in the MRI suite. A parent may accompany a small child that is scheduled for an examination. Please do not bring your children with you if they are not having an MRI, we do not have a place for them to wait or personnel to watch them.

Please be advised, due to the complex nature to the MRI exam which is dependent on patient immobilization, mechanical/computer factors and other factors beyond our control, you may sometimes, but not always, have to wait past your appointed scheduled time. We strive to remain on schedule and apologize for any inconvenience. Your cooperation and patience is greatly appreciated.

Please note your exam will take a minimum of 30 minutes, plan your time accordingly.

I have read and fully understand this questionnaire.

Signature: _____

The MRI unit is located at Winn Army Community Hospital at Ft Stewart, behind the Emergency Department in back of the hospital. Please check in at the MRI Department at Ft Stewart prior to your exam. If you need to reschedule please call (912) 435-6189 or (912) 435-6959. MRI fax (912) 435-5380.