NORTH TEXAS ORTHOPEDICS & SPINE CENTER
THE STRENGTH OF EXPERIENCE

2535 Ira E. Woods Avenue
Grapevine, TX 76051
(817) 481-2121

4501 Heritage Trace Parkway, Suite 101
Fort Worth, TX 76244
(817) 481-2121

NORTH TEXAS ORTHOPEDICS & SPINE CENTER MRI HISTORY AND SAFETY SHEET

Exam Date: ______________ **Exact Weight:** ___________ **(LBS) (required) Is This Your First MRI?** YES NO

Last Name: ____ **First Name:** ________________________________

D.O.B.: _______ **Age:** _____ **Sex:** M/F **What Is Your Level of Pain Today?** 1 2 3 4 5

CHECK: YES (Y) OR NO (N) FOR EACH ITEM

Y	N		Y	N		Y	N	
__	__	Brain or heart surgery (CIRCLE)	__	__	Cardiac pacemaker, or defibrillator	__	__	Seizures: Date of last seizure: ________
__	__	Neuro or bone stimulator	__	__	Artificial heart valve: Type: __________	__	__	Drug allergies
__	__	Drug infusion pump or device	__	__	Disease that affects your blood	__	__	Aneurysm or other surgical clip(s)
__	__	Renal disease	__	__	Penile implants	__	__	Stent(s) Year: ____________
__	__	Embolization coil(s) or filter(s)	__	__	Respiratory disease	__	__	Lasik, Crystal lens, eye implants
__	__	Cochlear (ear) implants	__	__	On claustrophobia medicine today	__	__	Claustrophobia: Y/N
__	__	Metal in body: Location: __________	__	__	Shrapnel, bullets, pellets, b.b's.	__	__	Trandermal medication patch
__	__	Body/cosmetic piercing	__	__	Metal fragments removed from eyes	__	__	Insulin pump
__	__	Tattoo(s)	__	__	Hearing aids	__	__	Restless leg syndrome
__	__	Removable dental appliances	__	__	Allergy to contrast media: CT/MRI	__	__	Dental implants

ANYTHING NOT LISTED ABOVE: ____

*****REQUIRED*****

1. Where does it hurt? Circle: Front Back Inside Outside Describe: ______________________________
2. How long has it been hurting? ____
3. Was there a workout injury or other accident? Describe: ____________________________How long? __________
4. Have you had surgery on the area being scanned today?_____ NO _____ YES If yes, list surgery and the year: ____________
5. Personal history of cancer? Type: ______________ Year Diagnosed: ________ Chemo ________ Radiation ________ Surgery _______

*****FOR WOMEN ONLY: Mark Two Boxes*****

☐ Hysterectomy ☐ Tubal ligation ☐ Ablation ☐ Intra-uterine device (IUD) ☐ Birth control ☐ Abstinence ☐ Essure ☐ Condoms ☐ Partner vasectomy
☐ Post-menopausal ☐ Peri-menopausal ☐ Pregnant or trying to conceive

Date of last period:___________(mm/dd/yyyy) ☐ Infertility ☐ Breast feeding Other: (List) ______________________________

CONSENT FOR MAGNETIC RESONANCE IMAGING STUDY

All questions this examination were explained to my satisfaction. I understand that certain metal objects which may be in my body can be influenced by the magnetic field and that their movement within my body may cause serious consequences. I understand that I may terminate this examination at any time and that the examination will be conducted by specially trained medical personnel. I give my permission for this examination to be performed. (If patient is a minor or unable to sign, parent or guardian to sign.) I acknowledge, to the best of my understanding, that the answers herein are true.

Patient or Parent/Guardian Signature: ____________________________________ **Exam Date:** ______________

When going in for your MRI, please leave all of your belongings in the dressing room (purses, wallets, keys, cell phones, jewelry, credit cards, and other metallic or magnetic strip items). POCKETS SHOULD BE COMPLETELY EMPTY. The dressing room will be locked during your exam.

Please sign below acknowledging that you have read this form and that it was explained to you by the technologist.

Patient or Parent/Guardian Signature: ____________________________________ **Date:** ______________

OFFICE USE ONLY:

Exam: ____________________ Diagnosis: ____
Exam: ____________________ Diagnosis: ____
Exam: ____________________ Diagnosis: ____
Technologist: ______________________________ Adair L. Casterline BHS R.T.(R)(MR)(CT)(QM)(M)

Technologist Signature: ____ Exam Date: ______________

North Texas Orthopedics & Spine Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.