Health Village Imaging
A Member of the Hackensack Meridian Health Network

PATIENT NAME: ___________________________________ **DATE OF BIRTH**: _______________________

What is your current weight (Lbs):____

Past or current injury to the eye involving a metallic object? YES NO

Have you ever been injured by a metallic object/foreign body (BB, bullet, shrapnel)? YES NO

Currently pregnant or breastfeeding? YES NO

Eye, Ear, Brain, or Heart surgery? Explain: ____

What is the reason for having this MRI?____

Prior diagnostic imaging **related to this body part** and where? _____________________________________

Please give date and type of **any** surgery____

List all personal cancer history: ____

Please list food or drug allergies: ____

Please circle if you have any of the following:

Aneurysm Clips/Brain Clips	Any type prosthesis (eye, limb, penile, etc.)	
Body/dermal piercing	Bone growth/bone stimulator	Bone joint, screw, nail, pin, etc.
Cardiac Pacemaker or Defibrillator	Cochlear implant	Continuous Glucose Monitor
Dentures or partial plates	Hearing Aid	Insulin/Infusion Pump
Internal electrodes/wires	IUD, diaphragm, pessary	Joint replacement (hip, knee, etc.)
Medication Patch	Metallic stent, filter, coil or graph	Port or catheter
Shunt (brain or spine)	Spinal cord or neuro stimulator	Surgical staples, clips, sutures
Tattoo or permanent makeup	Tissue expanders (e.g.) breast	Swallowed Pill Camera

WARNING: Certain Implants, devices, or objects may be hazardous to you in the MRI room. DO NOT ENTER the MRI room if you have any question or concern regarding an implant, device, or object. Please consult the MRI Technologist or Radiologist if you have any questions or concerns BEFORE you enter the MR system room. I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and will ask questions regarding the information on this form.

PATIENT SIGNATURE: ______________________________________DATE:___________________________

TECHNOLOGIST SIGNATURE: ____