



- 2600 N. Gessner, Ste. 150, Houston, TX 77080
- 5630 E. Sam Houston Pkwy N., Houston, TX 77015
- 1336 Pin Oak Road, Katy, TX 77494

## Welcome to Houston MRI!

Please help us to provide you with the best care and to ensure your safety by completing the following questionnaire. **Any implanted or embedded metal in your body may affect the quality of the examination and/or your safety.** Before your MRI, please remove all metallic objects including keys, hair pins, jewelry, watch, safety pins, paper clips, money clips, credit cards, pens, belt, metal buttons, pocket knife, etc. If you have questions or concerns, please ask your technologists or the doctor on staff. Thank You.

Do you have any of the following:

- |   |  |                                    |  |
|---|--|------------------------------------|--|
| Cardiac Pacemaker                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Earrings or other piercings        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Heart defibrillator                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tattoos                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Aneurysm, aortic, vascular clips        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Permanent makeup                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Neurostimulator                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | IUD or diaphragm                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bone growth/fusion stimulator           | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dentures                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Shunt (spinal or intraventricular)      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ear implant or Hearing aid         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Intravascular stents, filters, or coils | <input type="checkbox"/> Yes <input type="checkbox"/> No | Artificial limb or joint           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vascular access port or catheter        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Implants of any kind               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Carotid artery vascular pump            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Any type of prosthesis             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Insulin or infusion pump                | <input type="checkbox"/> Yes <input type="checkbox"/> No | Surgical staples or wires          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Metal implants                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Bone/joint screw, nail, rods, etc. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Metal fragments in eyes                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | Anxiety or Breathing disorder      | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### FEMALE PATIENTS ONLY

- Are you pregnant?  Yes  No      Date of last menstrual cycle: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Are you breast-feeding?  Yes  No

*There are NO known complications for pregnant patients from an MRI procedure.*

NOTE: The MRI procedure you have been scheduled for may require the use of an IV injection of a non-iodinated contrast solution. While there are no know contraindications, mild side effects including nausea or slight headaches may occur.

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of, and I have had the opportunity to ask questions regarding the information on this form.

\_\_\_\_\_  
Patient's Signature or Person Authorized to Consent for Patient      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Form completed by:  Patient  Relative  Physician  Other: \_\_\_\_\_