

Open MRI of Michigan

411 W. 13 Mile Rd.
Madison Heights, MI 48071

Phone: 248 585 4569 / 888 674 6424
Fax: 248 585 4620 / 866 642 4674

Date: _____

Patient #: _____

Name _____

Male / Female

Age _____ Birthday _____ Height _____ Weight _____

Address _____ Telephone _____

_____ Cell Phone _____

_____ Work Phone _____

Referring Physician _____ Telephone _____ City _____

Introduction to MRI

Your answers to the following questions are important for safety reasons. Please answer each question YES or NO without leaving any blanks.

- 1. Do **YOU** have a history of Cancer? TYPE: YES _____ NO _____
- 2. Are you a diabetic? YES _____ NO _____
- 3. Do you have any history of high blood pressure? YES _____ NO _____
- 4. Are you allergic to any medication? YES _____ NO _____
- 5. Have a history of asthma, seizure, or allergic reaction? YES _____ NO _____
- 6. Have heart disease, kidney disease, any blood disease? YES _____ NO _____

Is this a workmen's comp case or auto related? _____

What is your Main complaint? And how long have you had this complaint? _____

Side of Complaint: Right _____ Left _____

Did you sustain an injury to the area to be scanned? YES _____ NO _____ If YES, please describe _____

Are your symptoms IMPROVING _____ WORSE _____ ABOUT THE SAME _____

Has your injury limited your range of motion? YES _____ NO _____ If YES, how _____

Do you have any swelling or discoloration? YES____NO____, if YES describe_____

Do you have any numbness/tingling or weakness? YES____NO____, If YES describe_____

Have you had surgery in the area to be scanned? YES____NO____, If YES describe____

Other surgeries **You** have had? _____

Do you have any other medical conditions?_____

Have you ever had another test of the **AREA** that is being scanned today by MRI?

X-Rays?_____Where?_____When?_____

MRI? _____Where?_____When?_____

CT? _____Where?_____When?_____

Nuclear Medicine? _____Where?_____When?_____

Angiograms?_____Where?_____When?_____

Ultrasound?_____Where?_____When?_____

*Signature*_____

*Date*_____

*Witness*_____