

## MRI Abdominal & Pelvis Patient History

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
 Height/Weight: \_\_\_\_\_ MRN: \_\_\_\_\_ Accession #: \_\_\_\_\_

Body part to be examined (please circle):

<u>Pelvis</u>	<u>Female Pelvis</u>	<u>Abdomen</u>
Prostate	Uterus	Liver
Rectum	Bladder	Spleen
		Pancreas
		Kidney

-Please list all **symptoms** that prompted your MRI: \_\_\_\_\_  
 \_\_\_\_\_

-Approximate date of onset of symptoms: \_\_\_\_\_

-Please give a brief description of any accident or trauma, the date of occurrence and the symptoms you are experiencing: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

-Have you had any past surgeries pertaining to the affected area? \_\_\_\_ Yes \_\_\_\_ No  
 If yes, please list the surgeries and their date: \_\_\_\_\_

-Have you had any previous diagnostic imaging of the affected area? \_\_\_\_ Yes \_\_\_\_ No  
 If yes, please list below:

Date: \_\_\_\_\_ Type: \_\_\_\_\_ Facility: \_\_\_\_\_  
 Date: \_\_\_\_\_ Type: \_\_\_\_\_ Facility: \_\_\_\_\_

-Do you have the report or images with you? \_\_\_\_ Yes \_\_\_\_ No

**I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.**

**Patient/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY**

Creatinine: \_\_\_\_\_ GFR(mL/min): \_\_\_\_\_ Contrast order verified: \_\_\_\_ Yes \_\_\_\_ No

Contrast used: \_\_\_\_\_ Contrast amount: \_\_\_\_\_

IV Location: \_\_\_\_\_ Inserted by: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Lot # \_\_\_\_\_

Extravasations: \_\_\_\_ Yes \_\_\_\_ No

Tech Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tech Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Paramedic Initials: \_\_\_\_\_ Date: \_\_\_\_\_