



MRI PATIENT QUESTIONNAIRE:

The answers to these questions will be used by the Radiologist when your MRI is interpreted.

NAME _____ DATE _____

1) What are your symptoms?

2) What side of the body does it affect?

3) Have you had any prior radiology tests on this area?

4) Have you had any surgery on this area? When and what type?

5) Do you have high blood pressure/ hypertension? Yes No

6) Was there an injury or accident related to this problem?

7) Do you have diabetes? Yes No

8) Are you on dialysis, suffer from renal disease, or have had a kidney removed?

9) Do you have allergies? If yes, explain:
