Princeton Radiology
Excellence in Imaging

MRI QUESTIONNAIRE-**NECK**

NAME: _____ _____ D.O.B: _____ / _____ / ____
(Last) (First)

AGE: _____ SEX: M/F WEIGHT: _____ HEIGHT: ____ft. ____ in. MR#_____

REFERRING PHYSICIAN: _____

- What type of problem are you having? _____
- How long have you had this problem? _____
  Is there a lump in your neck? Yes ____ No ____
  If yes, has it been biopsied? Yes ____ No ____

Do you have known or suspected problems with the blood circulation in the arteries of your neck? Yes ___ No ___

- Was this a result of an injury? _____ Date of injury _____
- Do you have a history of being diagnosed with cancer? Yes ___ No____ Type _____
- Have you been treated with either Radiation or Chemotherapy? (If yes, circle) Date Completed _____
- Have you ever had surgery on your neck? Yes ____ No ____ Which side? Rt. _____ Lt. _____
  If yes, please describe what was done _____
- **Do you have, or have you ever had, any of the following?: (If yes, circle)**

PACE MAKER	**METAL SLIVERS IN EYES**
ANEURYSM CLIPS	**SHRAPNEL (bomb or bullet fragments)**
COCHLEAR IMPLANTS	**HEARING AID**
HEART VALVE REPLACEMENT	**REMOVABLE DENTAL WORK/DENTURES**
NEURO STIMULATOR	**TATTOOS (over 20 yrs old)**
BODY PIERCING	**PENILE IMPLANT**

- Have you ever had an ultrasound? Yes ____ No ____ When _____ Where _____
- Have you ever had any other x-rays or imaging tests of this area? (MRI/CT?) Yes ____ No ____
  What type? _____ When _____ Where _____
- Do you have a history of allergies? Yes ____ No ____ If so, what kind? _____
- **Are you pregnant, or is there a possibility that you might be pregnant? Yes ____ No ____**

I acknowledge that all the information given is accurate and thereby consent to have Magnetic Resonance Imaging performed on me.

I do not have a pacemaker. I have removed all hearing aids & dentures.

_____ **Date: ____ / ____ / ____**
Patient's Signature

Technologist to Complete Below this Line

Rad authorizing IV contrast _____ Tech: _____ Study Protocoled by: _____

Contrast Used: _____ / _____ cc's Lot # _____ Study checked by: _____

*This form was downloaded from www.princetonradiology.com.