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MRI SYMPTOMS SUMMARY

Patient Name	Date of Birth	Weight	Height
* Please circle or describe the symptoms	that you are currently having or that prom	npted your physician to order th	is exam.
Follow up for:			
Pain? Where:			RT / LT
Numbness? Where:			RT / LT
Tingling? Where:	7		RT / LT
Weakness? Where:			RT / LT
Other Symptoms ? Describe:			
How long have you had these symptoms?			
Are they a result of an injury/ accident? Y / N When?			
If yes, describe:			
Have you ever had surgery to this area? Y / N When?			
If yes, describe:			
If you have had spinal surgery please circle the area of your spi	ne where the surgery was performed:		
NECK / MIDBACK / LOW BACK			
Have you ever been diagnosed with cancer? Y / N When?)		
If yes, what part of the body?			
Did you receive radiation or chemotherapy? Y / N When?			
Have you had a previous MRI on this body part? Y / N Whe	en?		
If yes, was it done at Lahey Clinic or another facility?			
Have you received an infusion of Feraheme (ferumoxytol)	within the past 90 days? Y / N		

PLEASE CIRCLE SYMPTOMS

Brain / Spine Symptoms: Nausea/Vomiting - Seizures - Dizziness - Memory Loss - Double Vision - Decreased Vision - Imbalance - Headache

Decreased Hearing RT / LT

Ringing in Ears RT / LT

Joint / Bone Symptoms: Swelling Clicking - Limited Motion - Locking - Giving Way

Mass/Lump

Chest/Abdomen/Pelvis: Nausea/ Vomiting - Mass/ Nodule - Weight Loss / Weight Gain - Shortness of breath

*In our effort to improve the quality and efficiency of our MRI Studies, the Department of Radiology is continuously testing and evaluating newer ways to improve the use of our MRI machines.

Your examination may contain additional new approaches, which may potentially shorten or add a few minutes to the total time of your MRI.