McLaren Business Products

McLaren Print System Order

Order No: 7570
Order Date: 2014-12-11
User: Jennifer Dixon
Phone: 810-342-2138

Ship Location: MRI / JENI DIXON
750 S, Ballenger Hwy
Flint, MI 48532
Forms
Quantity: 500
Paragon Dept No: 32113
Dept Name: MRI
Company Number: 60

Order Total Price: 0.00

Item Number: 17848
Item Description: MRI Patient Interview and History
Revision Date: 10/2014
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Flint
PATIENT INTERVIEW AND HISTORY
MRI

(PLEASE PRINT)
Patient Name: _____ Birth Date: ___ / ___ / ___

Yes	No		Yes	No	
❑	❑	Pacemaker * If Yes Please Notify Staff *	❑	❑	Stroke
❑	❑	Cardiac Defibrillator (ICD) * If Yes Please Notify Staff *	❑	❑	Seizures
❑	❑	Brain Aneurysm Clips * If Yes Please Notify Staff *	❑	❑	Diabetes
❑	❑	Ear Surgery	❑	❑	High Blood Pressure
❑	❑	Metal in Body or Eyes	❑	❑	Arthritis
❑	❑	Surgical Implants	❑	❑	Pregnancy
❑	❑	Prosthesis	❑	❑	Kidney Disease
❑	❑	Abdominal Aortic Aneurysm Surgery (Year: _____)	❑	❑	Allergies *If yes_____
❑	❑	History of Cancer (Type: _____) (When Diagnosed: _____)			
❑	❑	Does patient require additional assistance? Explain _____			

Patient's Signature: _____ Date: ___ / ___ / ___

********** OFFICE USE ONLY **********

Exam: _____ Diagnosis: _____
Pertinent Surgeries and Dates: _____
Current Signs, Symptoms, Location: _____
_____
_____
❑ Non-Traumatic? Date of onset: _____ Ht: _____ Wt: _____ CONTRAST DOSAGE _____
❑ Traumatic? Date of injury: _____
Type of injury: ❑Work ❑Sports ❑Living ❑Fall ❑Other: _____
Intensity: ❑Progressively improving ❑Progressively worsening ❑No Change
Physical Therapy: ❑No ❑Yes ❑Beneficial ❑Somewhat beneficial ❑Non-beneficial
Medications: _____
Other Tests for current medical condition: _____
_____

Interviewer: _____ Date: ___ / ___ / ___

MRI PATIENT INTERVIEW AND HISTORY
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