

# WASHINGTON IMAGING SERVICES

PATIENT HEALTH QUESTIONNAIRE This information will help the Physicians with the interpretation of your diagnostic test.

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ OTHER PHONE \_\_\_\_\_ SSN: \_\_\_\_\_

DOB: \_\_\_\_\_ Age / Sex \_\_\_\_\_ WEIGHT \_\_\_\_\_ EMPLOYER \_\_\_\_\_

Describe the **HEALTH PROBLEMS** or symptoms that you are being tested for today: \_\_\_\_\_

\_\_\_\_\_

**HOW LONG** have you had this problem? \_\_\_\_\_

Is this problem the result of an **INJURY** Yes / NO If yes, **WHEN** did it happen: \_\_\_\_\_

Please describe the injury: \_\_\_\_\_

Have you had **SURGERY or RADIATION THERAPY** in the area of your body being scanned today? YES / NO

If yes, please **DESCRIBE** what was done: \_\_\_\_\_

And tell approximately **WHEN** and **WHERE** it was done: \_\_\_\_\_

Have you had **OTHER TESTS** for this problem? YES / NO

If yes, please check the type of the test and give date and where done:

\_\_\_\_\_ CT Scan When? \_\_\_\_\_ Where? \_\_\_\_\_ Bone Scan When? \_\_\_\_\_ Where? \_\_\_\_\_

\_\_\_\_\_ MRI When? \_\_\_\_\_ Where? \_\_\_\_\_ X-ray When? \_\_\_\_\_ Where? \_\_\_\_\_

\_\_\_\_\_ Ultrasound When? \_\_\_\_\_ Where? \_\_\_\_\_ Myelogram When? \_\_\_\_\_ Where? \_\_\_\_\_

\_\_\_\_\_ Angiogram When? \_\_\_\_\_ Where? \_\_\_\_\_

Is there a possibility that you may be **PREGNANT**? YES / NO / N/A

PLEASE GIVE US ANY OTHER INFORMATION ABOUT YOUR HEALTH THAT YOU FEEL IS IMPORTANT FOR US TO KNOW BEFORE PERFORMING YOUR TEST TODAY \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

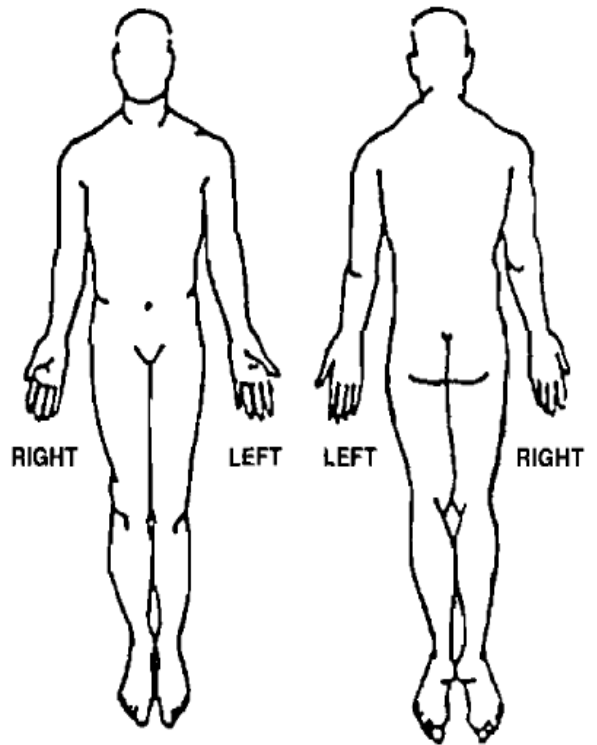
\_\_\_\_\_

Patient authorizes Washington Imaging Services, LLC (WIS) to obtain professional radiology interpretations from Overlake Imaging Associates, PC or it's designee (OIA), a separate entity. A portion of the WIS billing may represent fees due to OIA for OIA's services.

DATE OF EXAM: \_\_\_\_\_

# MRI PATIENTS ONLY

**ON THIS DRAWING:  
PLACE X's OVER AREA OF NUMBNESS,  
PAIN OR ANY OTHER AREAS OF CONCERN**



## PATIENT SAFETY SCREENING FOR MRI

The MRI scanner is a very strong magnet. Metal objects can interfere with your scan or even be dangerous. **PLEASE ANSWER THE FOLLOWING QUESTIONS VERY CAREFULLY.**

- |   |     |    |
|---|-----|----|
| Do you have a <b>cardiac pacemaker</b> or <b>internal defibrillator</b> ? | YES | NO |
| Do you have cerebral aneurysm clips?                                      | YES | NO |
| Have you ever worked as a machinist or sheet metal worker?                | YES | NO |
| Have you ever had a piece of metal in your eyes?                          | YES | NO |
| Are you pregnant, possibly pregnant or are breast feeding?                | YES | NO |
| Do you have allergies or asthma?  | YES | NO |

(please specify) \_\_\_\_\_

DO YOU HAVE ANY OF THESE ITEMS IN YOUR BODY?

- |   |            |           |
|---|------------|-----------|
| <b>Neurostimulator (Tens Unit)</b>  | <b>YES</b> | <b>NO</b> |
| <b>Ear Implant (Cochlear, Stapes Implant)</b>   | <b>YES</b> | <b>NO</b> |
| <b>Heart Valve</b>  | <b>YES</b> | <b>NO</b> |
| <b>Insulin or epidural pump</b>   | <b>YES</b> | <b>NO</b> |
| <b>Harrington rod (spinal rods)</b>   | <b>YES</b> | <b>NO</b> |
| <b>Fractured bones with:<br/>metal rods, metal plates, pins, screws,<br/>Nails or clips</b> | <b>YES</b> | <b>NO</b> |
| <b>Spinal or ventricular shunts</b>   | <b>YES</b> | <b>NO</b> |
| <b>Hearing Aids</b>   | <b>YES</b> | <b>NO</b> |
| <b>Dentures, retainers, metal braces</b>  | <b>YES</b> | <b>NO</b> |
| <b>Wigs, hairpins</b>   | <b>YES</b> | <b>NO</b> |
| <b>Diaphragms or intrauterine devices</b>   | <b>YES</b> | <b>NO</b> |
| <b>Penile implants</b>  | <b>YES</b> | <b>NO</b> |
| <b>Metal fragments, shrapnel, etc.</b>  | <b>YES</b> | <b>NO</b> |
| <b>Permanent eyeliner</b>   | <b>YES</b> | <b>NO</b> |
| <b>Stent</b>  | <b>YES</b> | <b>NO</b> |
| <b>If yes, how long ago?</b>  | _____      |           |

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**SIGNATURE** \_\_\_\_\_

**If you have answered yes to any of the questions Please notify the receptionist and technologists.**