

**BEACON IMAGING CENTER**

**PATIENT HISTORY AND SAFETY SCREENING**

**Please Complete Form in BLUE or BLACK ink ONLY!**

DATE \_\_\_\_\_ What radio station would you like to listen to? \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ WEIGHT \_\_\_\_\_

SS# \_\_\_\_\_ Primary Care Physician \_\_\_\_\_

DOB \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

BODY PART TO BE EXAMINED \_\_\_\_\_

Briefly describe current symptoms and when they first occurred:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List all MRIs and XRAYs you have had on this part of your body:

WHEN \_\_\_\_\_ WHERE \_\_\_\_\_

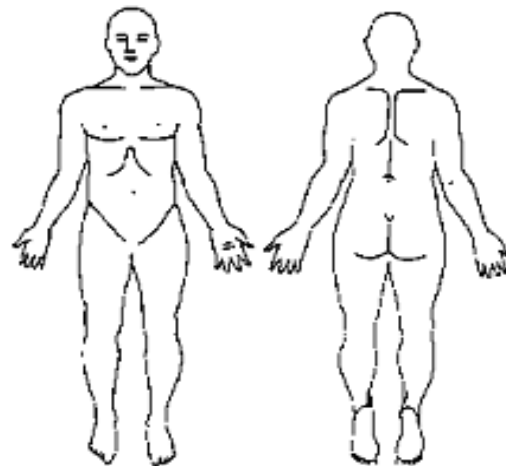
\_\_\_\_\_  
 \_\_\_\_\_

**OFFICE USE ONLY- PREVIOUS STUDY REPORT**  **IMAGES**

List any surgery you have had for this part of your body:

WHAT \_\_\_\_\_ WHEN \_\_\_\_\_ WHERE \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_



Please shade in on diagrams all areas which are affected by your current problem.

The following items can interfere with the imaging and some may be hazardous to your safety.

PLEASE CIRCLE THE FOLLOWING:

PACEMAKER/DEFIBRILLATOR	Y	N	Are you Claustrophobic	Y	N
Brain Clip?	Y	N	Swan-Ganz Catheter?	Y	N
Implanted Pump?	Y	N	Vascular Access Port?	Y	N
Neurostimulator (Tens Unit)?	Y	N	Any magnetic implant?	Y	N
Insulin Pump?	Y	N	Any Personal History of Cancer?	Y	N
Hearing Aid/Ear Implants?	Y	N	Type: _____		
Eye Implant/Artificial Eye?	Y	N	Are you Diabetic?	Y	N
Heart Valve?	Y	N	Do you have Sickle Cell Anemia?	Y	N
Coil/Filter/Stent?	Y	N	Any Kidney Disease?	Y	N
Patch on Skin for Medication?	Y	N	Any Liver Disease? (Hepatitis)	Y	N
Any Rods, Screws, Pins in Bones?	Y	N	Any Blood Disorders	Y	N
Penile Implant?	Y	N	Allergies _____		
Artificial Joint/Limb?	Y	N			
Have you ever been a Metal Worker?	Y	N	<b>For Women Only</b>		
Have you been treated for Metal in the face or eyes?	Y	N	Are you Pregnant?	Y	N
Bullet/Shrapnel/Foreign body?	Y	N	Are you Breast Feeding?	Y	N
Dentures/Dental Implant?	Y	N	IUD or Diaphragm?	Y	N
Body Piercing?	Y	N	Date of Last Menstrual Period _____		
Location of Body Piercing _____					

Signature of Patient \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_