bluebeamradiology
a professional corporation

Bluebeam Radiology Questionnaire

San Diego County
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Return Completed Form to ☐ **Fax** 888-992-3340 ☐ **Email** wrg@bluebeamradiology.com

PATIENT INFORMATION

Gender ☐ Male ☐ Female

Last Name _____ **First Name** _____

Date of Birth _____ **Telephone** _____

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Patient's Address _____ **APT #** _____ **ZIP** _____

State _____ **City** _____ **Referring Doctor** _____

HISTORY OF INJURY

Please describe your symptoms in the area(s) we are looking at today

_____

How were you injured? Car accident, work injury, slip and fall, etc: _____

What is the date of your injury/accident? _____

Have you had surgery in this area(s) ☐ Yes ☐ No

If yes, date(s): _____ **Type of surgery:** _____

Have you ever had a MRI of this area before? ☐ Yes ☐ No **If yes, when?** _____

SAFETY SCREENING

Below is a list of materials that may be contraindications for MRI. These materials may cause artifacts in the images or in some cases cause serious injury to anyone entering the MRI exam room. Please carefully review the items below and check yes or no. If you have any metal in your body that is not listed below, please inform the MRI tech BEFORE entering the exam room.

Heart pacemaker	☐ Yes	☐ No	Dentures	☐ Yes	☐ No
Aneurysm clips	☐ Yes	☐ No	Shrapnel	☐ Yes	☐ No
Surgical staples	☐ Yes	☐ No	IUD	☐ Yes	☐ No
Surgical pins/screws	☐ Yes	☐ No	Nerve stimulators	☐ Yes	☐ No
Joint replacements	☐ Yes	☐ No	Insulin pumps	☐ Yes	☐ No
Surgical rods/plates	☐ Yes	☐ No	Pregnant	☐ Yes	☐ No
Hearing aids	☐ Yes	☐ No			

Other known metal in body not listed above: _____ **If yes, provide date metal/object was implanted:** _____

*Prior to the exam you will be asked to remove all metal jewelry, including watches.

I attest that the above information in correct to the best of my knowledge. I have read and understand the entire contents of this form, and I have had the opportunity to ask questions regarding the information contained in this form.

Patient Signature _____ **Date** _____