PATIENT REGISTRATION INFORMATION

Today's Date: _____/_____/_____ Referring Physician: _____

Patient Information

Last name: _____ First name: _____ Middle Initial: ____

Social Security # _____ Sex: Male ( ) Female ( ) Date of Birth: _____/_____/_____

Address: _____ Apt # _____

City, State, ZIP Code: _____

Home Phone # _____ Alt. /Cell # _____

Emergency Contact: Name _____ Relationship_____

Home Phone # _____ Alt. /Cell # _____

Patient's Employment: Full Time____ Part Time ____ Retired ____ Not Employed ____ Student____

Employer: _____ Work phone # _____

Address: _____

Primary Insured: _____ Self (Skip to Primary Insurance Section)

Name & Relationship to Patient: _____ Date of Birth: _____/_____/_____

Primary Insurance: _____

Policy # _____ Group # _____

Secondary Insurance: _____

Policy # _____ Group # _____

2003–A Whitesburg Drive, Huntsville, AL 35801 –Phone (256) 536-3550 Fax (256) 536-3554

THE CENTER OF IMAGING EXCELLENCE

MRI Patient Screening Form

Your MRI Technologist will answer any questions you have about this form when they take you to your room.

Weight: _____ How long have you hurt, or Date of Injury: _____

Have you ever had surgery on the area we are scanning today? Yes No

If yes, What kind and When? _____

Any previous imaging **of the area we are scanning today**? If Yes, Where was it done and When?

MRI: _____

CT: _____

Other: _____

Have you ever had an eye injury involving a metallic object or metal fragment? Yes No

If yes, please explain: _____

Have you ever had Cancer? Yes No Date of diagnosis: _____

If yes, what type of cancer, and where was it in your body? _____

Cancer Treatment (circle all that apply): None Surgery Chemo Radiation

Do you have or have had any of these?

Pacemaker	Yes	No	Hearing Aids (*Must stay in dressing room*)	Yes	No
Heart/Chest Surgery	Yes	No	Cochlear or other ear implant	Yes	No
Brain Surgery	Yes	No	Drug Infusion Pump or Insulin Pump	Yes	No
Stents or Aneurysm Clips	Yes	No	Shunt or Port	Yes	No
Implants or Prosthesis	Yes	No	Dentures or Partials with metal in them	Yes	No
Neurostimulator	Yes	No	Metallic fragments or Foreign Objects	Yes	No
Breast Implants or Tissue Expanders	Yes	No	Medication Patch	Yes	No

PLEASE HAVE IMPLANTED DEVICE DOCUMENTATION AND STIMULATOR CONTROLLER WITH YOU

Why did your doctor send you for this exam today? _____

_____

_____

Patient Signature: X_____ Technologist Signature: _____

For Female patients (Age 12-55): Are you pregnant or breastfeeding? Yes No

If pregnant, date of last menstrual period: _____

Revised: 1/3/2020 gan

PATIENT AGREEMENT AND ACKNOWLEDGEMENT FORM

I understand payment of all insurance benefits for this period of service must be made directly to The Center of Imaging Excellence. If a check must be made out to me, I understand that the check must be sent to The Center of Imaging Excellence at the address listed at the bottom of this page.

Initial _____

I understand The Center of Imaging Excellence must collect for all the charges not covered by insurance payment. Payment for all collection costs is the financial responsibility of the patient or guardian. Patients who are considered a legal adult are financially responsible for all services rendered.

Initial _____

I hereby consent to The Center of Imaging Excellence to render usual and customary medical/emergency treatment, including diagnostic and radiological procedures, minor surgical procedures and administration of local anesthetics as necessary and any other general medical/emergency treatment and hospital care considered advisable or necessary by the physician.

Initial _____

Acknowledgement to use and disclose health information for treatment, payment, or healthcare operations (HIPAA pamphlet available on the front desk counter). I understand and have been offered a copy of the Privacy Practices of The Center of Imaging Excellence.

Initial _____

I have read and do understand the above statements and I have willingly signed.

_____ _____

Signature of the Patient / Guardian Date

2003–A Whitesburg Drive, Huntsville, AL 35801 –Phone (256) 536-3550 Fax (256) 536-3554