

MRI symptom description form

This form collects information needed for planning an MRI examination.
The form is confidential.

Have you had any surgeries? YES NO

What kind?

Do you have any foreign objects in your body (e.g. metal fragments, piercings, etc.)? YES NO

What and where?

Question for those undergoing whole-body imaging:

Do you have or have you had cancer? YES NO

What type of cancer and when?

Is there cancer in your family? YES NO

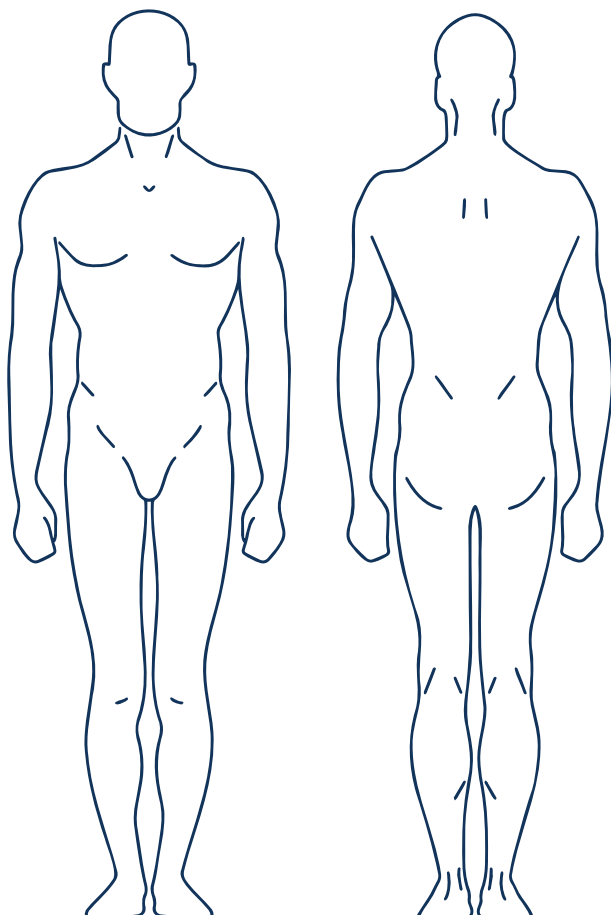
What type of cancer? (if known)

Please describe your current symptoms and how long they have lasted

You can continue to the other side.

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Mark the areas of pain with a cross on the image below.



Date

Personal identity number

Signature

Printed name

Additional information