

CLINICAL INFORMATION

PATIENT NAME: Anderam, Jeffery REFERRING MD Murata MR# 579139

EXAM LOCATION: Rt knee MRI HEIGHT 5'4" WEIGHT 145

PATIENT BEEN HERE BEFORE? YES NO DATE _____ DOB 8-22-70

PACEMAKER/DEFIBRILLATOR	YES <input type="radio"/> NO <input checked="" type="radio"/>	HARRINGTON RODS	YES <input type="radio"/> NO <input checked="" type="radio"/>
HEART SURGERY/VALVE WIRE SURTURES	YES <input type="radio"/> NO <input checked="" type="radio"/>	TNS UNIT -ELECTRICAL UNIT FOR PAIN	YES <input type="radio"/> NO <input checked="" type="radio"/>
STENTS/COIL/FILTERS	YES <input type="radio"/> NO <input checked="" type="radio"/>	DENTURES OR BRACES	YES <input type="radio"/> NO <input checked="" type="radio"/>
ANEURYSM/VASCULAR CLIPS	YES <input type="radio"/> NO <input checked="" type="radio"/>	HEARING AID/IMPLANT	YES <input type="radio"/> NO <input checked="" type="radio"/>
INSULIN/DRUG PUMP	YES <input type="radio"/> NO <input checked="" type="radio"/>	PAIN MEDICATION WHAT KIND?	YES <input checked="" type="radio"/> NO <input type="radio"/>
METAL FRAGMENTS EYE,HEAD, EAR, SKIN	YES <input type="radio"/> NO <input checked="" type="radio"/>	DIABETIC	YES <input type="radio"/> NO <input checked="" type="radio"/>
SHRAPNEL	YES <input type="radio"/> NO <input checked="" type="radio"/>	KIDNEY DISEASE <u>LIVER</u>	YES <input type="radio"/> NO <input checked="" type="radio"/>
METAL WORKER OR GRINDER	YES <input type="radio"/> NO <input checked="" type="radio"/>	ALLERGIES	YES <input type="radio"/> NO <input checked="" type="radio"/>
CLAUSTROPHOBIC	YES <input type="radio"/> NO <input checked="" type="radio"/>	MEDICATIONS/CONTRAST	YES <input type="radio"/> NO <input checked="" type="radio"/>
PREGNANT	YES <input type="radio"/> NO <input checked="" type="radio"/>	TATTOOS	YES <input type="radio"/> NO <input checked="" type="radio"/>
IMPLANTS(MECHANICAL,ELECTRICAL)	YES <input type="radio"/> NO <input checked="" type="radio"/>	BODY PIERCINGS	YES <input type="radio"/> NO <input checked="" type="radio"/>

DO YOU HAVE A HISTORY OF ANY MEDICAL CONDITIONS? IF YES, WHAT? _____

PREVIOUS EXAMINATIONS

HAVE YOU HAD ANY OF THE FOLLOWING EXAMS? WHEN WAS YOUR LAST MRI? _____

MRI X-RAYS _____ CT _____ MYELOGRAM _____ ANGIOGRAM _____

EMG _____ ULTRASOUND _____ BONE SCAN _____ SPINAL INJECTION _____

WHERE/WHEN? HERE

PREVIOUS SURGERY

Rt knee surgery 2008 + 2009 - MURATA

HISTORY/SYMPTOMS

Pt WALKED INTO METAL BAR
6-29-11 - PAIN & SLIGHT
SWELLING TO RT KNEE

PATIENT SIGNATURE [Signature] CONFIRMED BY _____
HISTORY TAKEN BY BECKY VIENOLI DATE 8/9/11