

CT MRI U/S ECHO U/S X-RAY RADIOLOGIST TO DECIDE

Last Name		Middle Initial	First Name		Date of Birth <small>MM / DD / YYYY</small>
Address			City	Province	Postal Code
Home Phone		Work Phone	PHN#	WCB#	Height
Known Allergies			Current Medication(s)		Weight <small>Kg</small>
					<input type="checkbox"/> Female <input type="checkbox"/> Male

Patient Questionnaire

Is there a chance that the patient may be pregnant?
Indicate date of last menstrual period: Y / N

Has the patient ever been a metal worker, grinder, or welder? Y / N

Has the patient ever had a metallic foreign body in their eye? If Yes, please provide an orbital X-ray report prior to appointment. Y / N

Does the patient have any of the following?
 Cardiac pacemaker Cochlear implants
 Aneurysm clip Tattoos or body piercing
 Neurostimulator Stents
 Other implanted device(s) or metallic objects in body? Please detail:

Is the patient claustrophobic? Y / N

Does the patient have diabetes mellitus? If yes, are they on insulin or Metformin?
Diabetes
Insulin
Metformin

Does the patient have a history of significant kidney disease? Y / N

Is the patient mobile? Y / N

Referring Physician

Name	MSP#
Fax #	

Additional Copies To

Name	Fax #
Name	Fax #

Specifics

AREA(S) TO BE EXAMINED

1. _____	2. _____
3. _____	4. _____

Results of relevant examinations/surgical procedures.
Please fax any previous reports.

CLINICAL HISTORY

Physician's signature

OFFICE USE ONLY

DATE OF EXAM: MM / DD / YYYY TIME: _____ am / pm IV Contrast: Yes No Buscopan: Yes No

Patient Preparation

For Pelvic or Obstetrical Ultrasounds

- Your bladder must be full
- Drink lots of water on the day of the scan and make sure that you are well hydrated
- You may empty your bladder as usual. Drink 2 FULL cups of water one hour before the scan

For Abdominal Scans

- No food after midnight on the day of the scan
- No smoking, chewing gum, or carbonated beverages on the day of your scan
- You may drink water, apple juice, clear tea, or clear coffee

For Renal and Other Scans

- No preparation necessary

Diagnostic Services

MRI Scan

- Abdomen
- Pelvis
- Arthrogram
- Knees
- Brain/Traumatic Brain
- Breast
- Cardiac
- Enterography
- MRV
- Spine

CT Scan

- Cardiac CT Angiogram (CCTA)
- Cardiac Calcium Score
- Arthrogram
- Colonography
- Abdomen
- Kidney/Urethral/Bladder
- Chest
- Pelvis
- Dental
- Enterography
- Extremity
- Head
- Spine

Ultrasound

- Abdominal
- Pelvis
- Axillae
- Biceps
- Carotid
- Groin
- Kidney/Urethral/Bladder
- Shoulder
- Tendon
- Testicle
- Thyroid

Cardiac

- 24-hour Holter Monitor
- Echo-cardiogram
- Stress Test

X-Ray

- Spine
- Chest
- Flexion/Extension
- Other