



CONNECTICUT NEUROSURGICAL SPECIALISTS, P.C.

MRI/CT SCAN SCREENING

PLEASE ANSWER ALL QUESTIONS BELOW:

1. Do you have a pacemaker? Y or N
2. Do you have a stent, vascular implant or neuro stimulator? Y or N
3. Any prior surgeries; if so, please list

4. Did the surgery include anything foreign added to your body? Y or N
If so, explain

5. Have you had any injury to your eyes involving metal? Y or N
6. Have you ever had an injury involving metal objects such as
bullets or grinding metal? Y or N
7. Are you pregnant? Y or N
8. Are you claustrophobic? Y or N
9. Do you weigh less than 360 pounds? Y or N
10. Are you over 70 years old? Y or N
11. Do you have kidney problems? Y or N
12. Are you on dialysis? Y or N
13. Do you have diabetes? Y or N
If so, are you taking insulin or some other medication?

14. Are you allergic to seafood? Y or N

NAME: _____

DATE: _____