



ID #: _____
(office use only)

Patient Name: _____
First MI Last

Address: _____
Street/City State/Zip

Birthdate: _____ **Home Phone:** _____ **Cell Phone:** _____

Primary Care Physician: _____ **Personal Email:** _____

Weight _____ (lb) **Height** _____ (ft/in)

Gender: Male Female **Last Menstrual Cycle** _____

Are you pregnant or breastfeeding? Yes No

Ethnicity/Race: Are you Hispanic? Yes No White Black or African American Asian other Decline to state

Smoking Status: Daily Occasionally Former Never **Primary Language:** English Spanish other

Personal history of cancer? YES NO If yes, what type and when? _____

List prior surgeries: _____

List current medication(s): None _____

Latex Allergy: YES NO **Medication Allergies:** None _____

Do you have an aneurysm clip or a pacemaker? Yes No
Do you have a hearing aid or implant? Yes No
Do you have any metal in your body? Yes No

Please indicate your next scheduled visit with your referring doctor or specialist (circle one):

TODAY TOMORROW WITHIN ONE MONTH TO BE DETERMINED

Please state the reason for your procedure(s) today. What are your symptoms? VERY IMPORTANT

Date Started

Date Started

FOR ABDOMINAL STUDIES ONLY: Please tell us where your pain is (circle one)

RIGHT UPPER LEFT UPPER RIGHT LOWER LEFT LOWER

Payment of Benefits/Medical Release Authorization:

I authorize the release of my medical records to my physician. I authorize payment of benefits, as determined by the company. I may still be responsible for any amount not paid by my insurance company in the event that the payments made are not reasonable and customary. I authorize any health care provider, insurance company, organization, employer or hospital, to release any information requested with regard to my medical records or processing of my claim. I attest that the above information is correct to the best of my knowledge. I have read and understand the contents of this form and I have had an opportunity to ask questions regarding the information on this form.

Patient/Guardian Signature _____ Date _____

Date Updated _____ Initials _____

Date Updated _____ Initials _____