



**Dept of Radiology MRI with Anesthesia or Sedation**  
**Patient and Parent Questionnaire**

Patient \_\_\_\_\_

MRN \_\_\_\_\_

DOB \_\_\_\_\_

The MRI dept will call you as soon as we receive the MRI Request. The nurse and doctor will review your information and medical notes, and we will call you back in about 1-2 weeks to schedule a date. Please feel free to call us, if you would like to check on the plan for your appointment. Thank You, MRI GA Staff (410) 955-4344; Fax (410) 614-1837

<b>Phone Numbers:</b>  <i>Please provide <u>the best</u> and <u>all possible</u> phone numbers where we can reach you.</i>	HOME	
	CELL (and/or Other)	
	Email Address	
<b>PCP or Pediatrician:</b>  <i>Your PCP or Pediatrician will need to clear' you for general anesthesia or sedation.</i>  <i>The MRI Dept will instruct you when to schedule the appointment and will fax form.</i>	PCP Doctor Name	
	PCP Phone/ Fax	
<b>Insurance:</b>  <i>Many insurance companies require special <u>authorization</u> numbers, before giving permission to schedule.</i>	<i>Please verify your Insurance information is up-to-date in the Johns Hopkins Hospital system.</i>	
	Do you plan to make any changes in your insurance policy in the near future?	
<b>Medical Conditions:</b>  <i>Please check the box if any of the following medical conditions or miscellaneous items apply:</i>	Asthma	<input type="checkbox"/> Y/N
	Sleep Apnea	<input type="checkbox"/>
	Airway or Breathing Issue	<input type="checkbox"/>
	Kidney, Liver, or GI problem	<input type="checkbox"/>
	Prior Anesthesia	<input type="checkbox"/>
	Metal, implanted device (Shunt, VNS)	<input type="checkbox"/>
	Genetic or metabolic disorder	<input type="checkbox"/>
	Cardiac problem	<input type="checkbox"/>
	Other	<input type="checkbox"/>
	Need Interpreter:	<input type="checkbox"/>
<input type="checkbox"/> Allergies:		
<b>WHO HAS LEGAL AUTHORITY TO SIGN CONSENT FORMS?</b>  <b>**Please attach legal documents**</b>	<input type="checkbox"/> Parent <input type="checkbox"/> Patient <input type="checkbox"/> Other- Provide name, number	