

**SBI**  
THE SPINE & BRAIN  
INSTITUTE  
**THE SPINE AND BRAIN INSTITUTE**

Patient Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Do you have any implanted metal objects in your body?

No: \_\_\_\_\_ Yes: \_\_\_\_\_

Where: \_\_\_\_\_ When: \_\_\_\_\_

Do you have any vascular grafts?

No: \_\_\_\_\_ Yes: \_\_\_\_\_

Where: \_\_\_\_\_ When: \_\_\_\_\_

Do you have a pacemaker?

No: \_\_\_\_\_ Yes: \_\_\_\_\_

Are you claustrophobic?

No: \_\_\_\_\_ Yes: \_\_\_\_\_

Do you wish to be pre-medicated (sedated) for MRI scans?

No: \_\_\_\_\_ Yes: \_\_\_\_\_

How did you hear about our practice?

Physician: \_\_\_\_\_ Friend: \_\_\_\_\_ Magazine: \_\_\_\_\_

Hospital: \_\_\_\_\_ Newsletter: \_\_\_\_\_ Phone Book: \_\_\_\_\_

Patient: \_\_\_\_\_ Newspaper: \_\_\_\_\_ Internet: \_\_\_\_\_

Other: \_\_\_\_\_