

Medstar Georgetown Radiology  
Body Imaging MRI Questionnaire  
(Chest, Abdomen, Pelvis)

MRN \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Name of Individual completing this form: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Please briefly describe the symptoms or conditions that prompted your physician to order an MRI. Please be as specific as possible. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have the symptoms or conditions been present? \_\_\_\_\_  
\_\_\_\_\_

Have you been diagnosed with cancer? NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, what type of cancer? \_\_\_\_\_

When was this diagnosis made? \_\_\_\_\_

How was the cancer treated? (Check all that apply and include approximate dates of treatment).

- Surgery. If so, what was performed? \_\_\_\_\_
- Chemotherapy \_\_\_\_\_
- Radiation Therapy \_\_\_\_\_
- Chemoembolization \_\_\_\_\_
- Ablation \_\_\_\_\_
- Other \_\_\_\_\_

If you are a **man here for MRI of the prostate:**

Do you have an elevation of PSA? NO \_\_\_ YES \_\_\_\_\_

Do you have benign prostatic hypertrophy and are being considered for an embolization procedure? NO \_\_\_ YES \_\_\_\_\_

If you have a history of prostate cancer, are you here for:

- Radiation treatment planning? \_\_\_\_\_
- Surgical planning prior to having the prostate removed? \_\_\_\_\_
- MRI being performed to look for any suspicious lesions that could be cancer? \_\_\_\_\_

If you are a **woman here for MRI of the pelvis**, please indicate if you are taking the following medications:

- Tamoxifen and/or other aromatase inhibitors (e.g., arimidex, aromasin, femara) \_\_\_\_\_
- Birth control pills? \_\_\_\_\_
- Hormone replacement? \_\_\_\_\_
- Other: \_\_\_\_\_

Is there anything else you feel we should know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_