

# Welcome to the BioMedical Engineering & Imaging Institute (BMEII)

Please complete the Pre-registration Forms for your Research Imaging Appointment.

Your information is encrypted and will be stored in our secure database.

Thank you!

Date of imaging appointment:

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Subject's Last Name:

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Subject's First Name:

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Subject's date of birth:

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Subject's Age:

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Insurance Gender (Gender selected under insurance):

- ☐ Female  
☐ Male  
☐ Other

Gender Preferred Pronoun:

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((Gender patient would like to be identified as))

Subject's Weight:

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(Please enter number only)

☐ Pounds/Lbs   ☐ Kilos

Subject's Height:

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(Please use ('') for feet and (") for inches e.g. 5'3")

☐ feet-inches   ☐ centimeters

Study Principal Investigator (PI):

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(Please put UNKNOWN if applicable)

Study Coordinator/Nurse:

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Medical Record Number (MRN):

(Must be 6-7 digits. Please put UNKNOWN if applicable)

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Subject's mobile number

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Imaging to be completed at appointment (choose all that apply)

- ☐ CT (Computed Tomography, CAT Scan)  
☐ MRI (Magnetic Resonance Imaging)  
☐ PET (Positron Emission Tomography)  
☐ Other

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If Other, please describe

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You indicated you are getting a CT scan. Does the scan involve contrast?

☐ Yes ☐ No ☐ Not Sure

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If FEMALE, are you pregnant or do you think you are pregnant?

☐ Yes ☐ No ☐ Not Sure

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When was your last menstrual period?

(Please indicate if UNKNOWN)

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Did you require assistance in completing this questionnaire and will you continue to require assistance to complete other questionnaires?

☐ Yes ☐ No

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Indicate relationship to Subject

- ☐ Subject (self)  
☐ Relative/Parent/Guardian/spouse  
☐ MD/Physician/clinician  
☐ RN  
☐ Other

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Name of individual completing this questionnaire:

(Please provide first name and last name)

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Signature of individual completing this questionnaire:

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Date questionnaire is completed:

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Time questionnaire is completed:

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PLEASE NOTE: ADDITIONAL FORMS WILL NEED TO BE COMPLETED ONCE THIS PAGE IS SUBMITTED.

☐ Yes ☐ No

THE FOLLOWING PAGE WILL CONTAIN THESE FORMS.

PLEASE ACKNOWLEDGE WITH A YES RESPONSE.

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PLEASE MAKE SURE TO REVIEW ALL QUESTIONS AND ANSWERS BEFORE SUBMITTING

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FOR INTERNAL USE ONLY

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If individual assisting subject is a RN or MD, will the information to complete questionnaires be corroborated by chart history?

☐ Yes ☐ No