

MRI SCREENING AND CONSENT

Patient Name: _____ X-ray#: _____
 Type of MRI Scan: _____ Height: _____ Weight: _____
 Current Medical Complaint: _____
 Previous Surgeries: _____
 Prior Imaging Studies: _____

Answering the following questions will assist us in determining if it is safe for you to have an MRI.

- | | | |
|---|-----|----|
| Do you have a pacemaker, wires, defibrillator, or implanted heart valves? | Yes | No |
| Have you had a recent (4 weeks) CABG (heart bypass) surgery? | Yes | No |
| Have you ever had any head surgery requiring aneurysm clips? | Yes | No |
| Do you have any surgically implanted metal (e.g. surgical staples, IUD) in your body? | Yes | No |
| Have you ever been exposed to metal fragments that could be in your eyes/body? | Yes | No |
| Do you have a hearing aid, middle/inner ear prosthesis, or dentures? | Yes | No |
| Do you have any metal pin, joint, or metallic object in or attached to your body? | Yes | No |
| Do you have any type of electronic device (i.e. stimulator or pump) in your body? | Yes | No |
| Do you have any tattoos, tattooed eyeliner, lip liner, or body piercing? | Yes | No |
| Do you wear a transdermal patch? | Yes | No |
| Do you have a history of panic attacks or a fear of enclosed or narrow places? | Yes | No |
| Have you been prescribed a sedative by your referring physician for this procedure? | Yes | No |
| **If yes, you understand that you should not drive after taking the sedative? | Yes | No |
| If you are a woman – are you pregnant or is it possible that you might be pregnant? | Yes | No |
| If you are a woman – are you breastfeeding? | Yes | No |

List any food and/or drug allergies: _____ MRI Technologist: _____

CONTRAST – GADOLINIUM

The radiologist and your physician may deem it necessary to give you an intravenous injection of gadolinium, a contrast agent to improve the quality of your MRI examination. Although gadolinium has been used safely in millions of patients, reactions such as headaches, nausea, and vomiting occasionally occur. Extremely rare serious reactions include respiratory distress or even death. Patients will be screened for a risk of Nephrogenic Systemic Fibrosis (NSF). If you are nursing, you may want to refrain from breastfeeding and discard all breast milk for 24 hours after the injection of gadolinium.

History of IV contrast media?	Yes	No	Allergic to contrast:	Yes	No
History of Hypertension:	Yes	No	History of diabetes:	Yes	No
History of kidney or hepatic disease, organ transplant, or pending organ transplant:			Yes	No	
Age: _____	Black or Non-black		Male or Female		
Creatinine: _____	GFR: _____		Inj. Site: _____		
Dose: _____	Lot#: _____		Exp.: _____		
Correct Patient: _____	Correct Site: _____		Correct Patient Position: _____		

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form. I feel that I have adequate knowledge and sufficient time upon which to base my consent to the procedure and/or the use of gadolinium.

Signature of patient/guardian: _____ Date: _____

Technologist: _____ Date: _____