**MRI SCREENING AND CONSENT**

Patient Label

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

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

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 in 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 body piercing(s), or magnetic eye lashes? 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**

You were provided the Magnevist Medication Guide to read, ask any questions you might have, and sign. Magnevist has been used safely in millions of patients but reactions such as headaches, nausea, and vomiting occasionally occur. Extremely rare serious reactions include respiratory distress or even death. You 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 48 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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