

MRI PROCEDURE SCREENING AND CONSENT FORM

Today's Date: _____

PATIENT NAME: _____
 SEX: M F PHYSICIAN: _____
 DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____

ATTENTION: MRI PATIENTS AND ACCOMPANYING FAMILY MEMBERS

The MRI room contains a very strong magnet. Before you are allowed to enter, we must know if you have any metal in your body. Some metal objects can interfere with your scan or even be dangerous, so please answer the following questions carefully.

1. Have you ever had an operation or surgical procedure of any kind? Y N
 If yes, please list all with dates:

2. Have you ever been a machinist, welder or metal worker? Y N
 3. Have you ever been hit in the face or eye with a piece of metal (including metal shavings, slivers, bullets or BBs)? Y N
 4. Have you ever had a piece of metal removed from your eye? Y N
 5. If female, are you pregnant or possibly pregnant? Y N

RADIOGRAPHS MIGHT HAVE TO BE TAKEN PRIOR TO THIS EXAMINATION

6. Do you have any of these items in your body?

| | | | |
|---|-------|--|-------|
| Pacemaker, wires or defibrillator | Y N | Magnetic implant anywhere | Y N |
| Brain / Aneurysm clip | Y N | Infusion pump | Y N |
| Ear implant | Y N | Artificial limb or joint | Y N |
| Hearing Aid | Y N | Eyelid tattoo | Y N |
| Electrical stimulator for nerves or bone | Y N | Shunt | Y N |
| Coil, filter, wire in blood vessel or stent | Y N | False teeth, retainers, magnetic braces or magnetic dentures | Y N |
| Artificial heart valve | Y N | Surgical clips, staples, wires, mesh or sutures | Y N |
| Penile prosthesis | Y N | Orthopedic hardware (plates, screws, pins, rods, wires) | Y N |
| Diaphragm or intrauterine device | Y N | | |
| Implanted catheter or tube | Y N | | |
| Bullets, BBs, pellets or shrapnel | Y N | | |
| Nitropatch or other skin patches | Y N | | |

INFORMATION CONCERNING GADOLINIUM CONTRAST MATERIAL

As part of your examination, the MRI radiologist may deem it advisable to give you an intravenous injection of a contrast agent containing Gadolinium. This injection may help the physician more accurately diagnose your condition. Although Gadolinium contrast agents have been used safely in millions of cases, minor reactions (principally headache or nausea) occur in about 2% of patients, whereas serious or life threatening reactions have been reported in about one in 400,000 patients.

- 7. Have you ever had a previous allergic reaction to Gadolinium contrast material? Y N
- 8. Do you have a history of asthma or emphysema? Y N
- 9. Do you have any drug allergies? Y N
- 10. Do you have anemia or any other blood diseases? Y N
- 11. Do you have any kidney problems? Y N
- 12. If female, are you breast feeding? Y N

13. Why are you having this test? Please list your symptoms below.

I ATTEST THAT I HAVE FULLY READ AND UNDERSTAND THIS MRI CONSENT FORM AND AGREE TO HAVE THIS EXAMINATION PERFORMED ON ME.

Patient Signature

Date

If patient is unable to consent or is a minor, please complete the following:

Patient _____ is a minor _____ years of age
(Name)

Relative/Legal Guardian Signature

Date

Relationship: _____

MRI Technologist Signature

Date