

MRI PROCEDURE SCREENING AND CONSENT FORM

		Today's Date:			
PATIENT NAME: SEX: M	F	PHYSICIAN:	WEIGHT.		
DATE OF BIRTH:		HEIGHT:	WEIGHT:		
The MRI room cont	ains a very str Some metal o	ong magnet. Before you are all	PANYING FAMILY MEMBERS lowed to enter, we must know if you can or even be dangerous, so plea		•
1. Have you ever ha If yes, please lis	•	n or surgical procedure of any k s:	kind?	Y	N
3. Have you ever be	een hit in the fa	st, welder or metal worker? ace or eye with a piece of metal	l (including metal	Y	N
shavings, sliver	s, bullets or B	3s)?		Y	Ν
4. Have you ever ha	ad a piece of r	netal removed from your eye?		Y	Ν
5. If female, are you	ı pregnant or p	ossibly pregnant?		Y	Ν

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

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	Ν
8. Do you have a history of asthma or emphysema?	Y	Ν
9. Do you have any drug allergies?	Y	Ν
10. Do you have anemia or any other blood diseases?	Y	Ν
11. Do you have any kidney problems?	Y	Ν
12. If female, are you breast feeding?	Y	Ν

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	