

## MRI Patient History and Screening

The following items may interfere with your Magnetic Resonance Imaging examination, and some can be potentially hazardous.

Do you have drug allergies <input type="checkbox"/> No <input type="checkbox"/> Yes Please list them:							
Patient Height _____ in/cm			Patient Weight _____ lbs/kgs				
Have you had MRI contrast before <input type="checkbox"/> No <input type="checkbox"/> Yes		▶ Did you have a reaction? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Kidney Disease/Renal Failure? <input type="checkbox"/> No <input type="checkbox"/> Yes		▶ Are you on dialysis? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Do you have Asthma? <input type="checkbox"/> No <input type="checkbox"/> Yes		Do you have Diabetes? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Do you have Sickle Cell Disease/Haemolytic Anemia?		<input type="checkbox"/> No <input type="checkbox"/> Yes					
Please indicate if you have the following		No	Yes	Please indicate if you have the following		No	Yes
Cardiac pacemaker				Eye prosthesis			
Implanted cardiac defibrillator (ICD)				Eyelid spring or wire			
Brain Aneurysm clip(s)				Penile prosthesis			
Electronic/Magnetic implant or device				IV access port			
Implanted drug infusion device (e.g., insulin, baclofen, chemo, pain meds...)				Intrauterine device (IUD), diaphragm, pessary			
Endoscopy Clips (i.e. Resolution Clip)				Artificial joint/Limb			
Cardiac Pacing Leads / Wires				Bone/Joint pin, screw, nail, wire, plate, etc.			
Bone Growth/Neurostimulator				Wire mesh implant			
Coils, Filters, or Stents				Medication patch (hormone, nicotine etc.)			
Shunt (renal, brain, heart, spine)				Hearing aid			
Middle Ear Implants (cochlea, stapes)				Dentures or partial plates			
Swan-Ganz or thermodilution catheter				Tattoo or permanent makeup			
Heart valve prosthesis				Body piercing jewelry			
Tissue expanders				Have you ever had metal in your eyes?			
Surgical staples, clips, wire sutures				Was the metal removed by a doctor?			
Silver impregnated dressing				Are you pregnant?			
Shrapnel or bullet				Date of Last Menstrual period?			
Have you ever had any surgical procedures or operations? List All <input type="checkbox"/> No <input type="checkbox"/> Yes ▼							
Type						Year	
Type						Year	
Type						Year	
Type						Year	
Type						Year	
I have answered the above questions to the best of my ability. The MRI examination has been explained to me, and I have had my questions answered to my satisfaction.							
Signature of Patient or Guardian				Date (yyyy-Mon-dd)			
Witness/Technologist Name ( <i>print</i> )				Witness/Technologist Signature			

Place Label Here

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### MRI Contrast Information - GADOLINIUM

You are having Magnetic Resonance Imaging (MRI) and it is important that you be informed about the procedure. You may require an injection of “dye” or contrast. The contrast will be given by an injection into a vein in your hand, arm or leg. The contrast makes certain diseases and important body structures more visible on MRI images.

Most people have no ill effects from the contrast. Sometimes mild reactions do occur but pass without treatment or respond quickly to medication. The risks or reactions associated with the contrast injection may include but are not limited to: a “sweet” taste in your mouth, headache, nausea. Very rarely you may experience dizziness, vomiting, or an allergic reaction (hives, watery eyes).

Severe reactions can rarely occur. These may include difficulty breathing, shock and heart failure - requiring medical treatment.

If you feel any discomfort or experience any of these symptoms please inform the nurse or technologists performing your exam. The physicians caring for you are aware of these risks and have determined that the benefit of the diagnostic information outweighs this low risk.

**Should you have any of these symptoms after your test, please contact your family physician immediately.**

MRI Staff to fill out <i>(if patient has renal failure and/or on renal dialysis)</i>		
Creatinine level	GFR	Date Collected <i>(yyyy-Mon-dd)</i>
Checked with Radiologist		

<b>DI USE ONLY</b>	
Contrast injected by (print)	Time of injection
Contrast type	Amount
Site of administration	Contrast lot # and expiry date