

MRI QUESTIONNAIRE

Patient Name _____ Date of birth: _____

1. In one sentence, please describe what the problem is that brought you to our office today, include any symptoms you experience:

2. If you had any other test related to this problem, please list the test and the facility where the test was performed?

3. Please list any surgeries that you have had: _____

4. If you have cancer, please list what body part is affected: _____

5. Is there any chance you could be pregnant? YES NO

6. Are you currently breastfeeding? YES NO

7. Do you have history of sickle cell disease? YES NO

PLEASE INDICATE IF YOU HAVE ANY OF THE FOLLOWING:

- YES NO Aneurysm clip
- YES NO Cardiac pacemaker
- YES NO Neurostimulation system
- YES NO Any Implanted device
- YES NO Heart valve prosthesis
- YES NO Artificial or prosthetic limb or joint replacement
- YES NO Metallic stent, filter, or coil
- YES NO Shunt (spinal or intraventricular)
- YES NO Medication patch (Nicotine, Nitroglycerine)
- YES NO Any metallic fragment or foreign body within the eye
- YES NO Surgical staples, clips, or metallic sutures
- YES NO Cochlear, or other ear implant
- YES NO IUD, diaphragm, or pessary
- YES NO Tattoo or permanent makeup or body-piercing jewelry
- YES NO Hearing aid (Remove before entering MR system room)

WARNING: Before entering the MR environment or MR system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens pocketknife, nail clippers, tools clothing with fasteners, & clothing with metallic threads. Certain implants, devices, or objects may be hazardous to you and / or may interfere with the MR procedure. Do not enter the MR system room or MR environment if you have questions or concerns regarding an implant, device, or object. Consult the MRI Technologist or Radiologist BEFORE entering the MRI system room. The MR system magnet is ALWAYS on. I attest that the above information is correct to the best of my knowledge. I read and understand the content of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.

Patient signature/Patient Guardian: _____ **Date:** _____

CONSENT FOR USE CONTRAST MATERIAL FOR MRI: The MRI staff will interrupt your scanning procedure to give you a chemical compound ("Gadolinium") through a vein in your arm. The injection of Gadolinium does not cause pain, but you may feel discomfort, tingling, or warmth in the lips metallic taste in the mouth, tingling in the arms, nausea, or headache. These symptoms occur in less than 1% (less than 1 in 100) of people and go away quickly. Very rarely, there may be an allergic reaction, but there is less than a one in 300,000 chance that this will be severe. Insertion of a small plastic needle may also cause minor pain, bruising, and/or infection at the injection site.

Do you have any kidney disease? YES NO **Do you have an allergy to Gadolinium?** YES NO

I confirm that I have read and fully understand the above and have been given the opportunity to ask questions.

I represent to radiology staff that I am eligible to give this consent.

Patient signature/Patient Guardian: _____ **Date:** _____