

MRI PATIENT HISTORY AND CONSENT

Name: _____

Date of Exam: _____

Date of Birth: _____

Weight: _____

Procedure Requested: _____

Referring Physician: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

Have you ever had an MRI of the area we are scanning today? _____ Yes _____ No

If yes, when and at what facility? _____

Have you ever had surgery on the area we are scanning today? _____ Yes _____ No

If yes, list surgery dates: _____

Please describe the reason for your test and symptoms: _____

DO YOU HAVE ANY OF THE FOLLOWING? _____ Yes _____ No

Heart Pacemaker _____ Yes _____ No

Aneurysm Clips _____ Yes _____ No

Sharpnel/Metallic Bodies _____ Yes _____ No

Removable Dental Work _____ Yes _____ No

Eye or Ear Implants (excluding cataract surgery) _____ Yes _____ No

Stents (Heart or anywhere) _____ Yes _____ No

Diagnosed with Cancer _____ Yes _____ No

If yes, what type? _____ When was it diagnosed? _____

Did you have radiation or chemo? _____

Nerve or Spine Stimulators _____ Yes _____ No

Defibrillator _____ Yes _____ No

Any chance of Pregnancy? _____ Yes _____ No

Renal Impairment? _____ Yes _____ No

If yes, are you on dialysis? _____ Yes _____ No

In some situations a contrast agent is needed. This liquid is given by IV injection during the exam. All contrast materials used are FDA approved and considered safe. The one used for your examination is specific to MRI imaging, and it produces fewer reactions that the iodine-containing contrast used for CT scans and kidney x-rays.

POST CONTRAST INSTRUCTIONS:

*IV Site - The site may be tender today. Avoid heavy lifting or pressure on the area. Notify your doctor if you develop pain, bleeding, swelling or any other problems with the IV site.

*IV Contrast - Drink plenty of fluids today. Notify your doctor immediately if you develop a rash, itching or any side effects from medication.

Patient or Authorized Signature: _____

Relationship: _____ Witness: _____

***** (FOR OFFICE USE ONLY) *****

Contrast: _____ IV Site: _____ Device: _____

Inserted By: _____ Time: _____ Condition upon departure: _____

Technologist/Physician: _____

Additional Comments: _____
