

Magnetic Resonance Imaging (MRI)

MRI QUESTIONNAIRE FOR PATIENT

Do you have any of the following (YES/NO)

If you answer yes to any of the following questions, please notify your technician

	Please Circle	
Cardiac pacemaker/defibrillator	No	Yes
Cardiac Pacing wires	No	Yes
Previous cardiac surgery	No	Yes
Electrical stimulator for nerves, brain or bone	No	Yes
Brain Surgery	No	Yes
Aneurysm clips	No	Yes
Ocular (eye) or Cochlear (ear) implant	No	Yes
Implanted electrical device	No	Yes
Vascular stents/coils/filters or occlusion devices	No	Yes
Electrical, mechanically or electronically activated implants	No	Yes
Have you ever had metal in your eyes or worked extensively with metal?	No	Yes
Vascular access port or catheter	No	Yes

There is no need to telephone concerning the following conditions or devices

Brain shunt tube	No	Yes
Hearing aid	No	Yes
Joint replacement or prosthesis	No	Yes
Metal pins, rods or screws in bone/soft tissue	No	Yes
Shrapnel, bullet or gunshot	No	Yes
Denture/teeth braces/orthodontic implants	No	Yes
Any other implanted metallic device	No	Yes
Ear/body piercing	No	Yes
Do you have dark ink/dye tattoos or medicated skin patches?	No	Yes
Do you have an IUD?	No	Yes
Are you pregnant or could be pregnant?	No	Yes

Please help our technicians by removing any rings, watches, earrings, hairpins, bracelets and/or other detachable items whilst you are waiting for your appointment



Do **NOT** bring any items into the MRI room with you. You will be asked to change into a gown prior to your examination and your personal items will be locked. Some items brought into a magnetic field could result in harm to yourself or our staff, damage the equipment or they could be themselves damaged or destroyed.

Before your scan, **you must remove all metal objects in your possession or on your person**, including watches, mobile phones, credit cards, coins, keys, body piercings, ear rings, hair clips, hair extensions, hearing aids, removable dentures, jewellery, eyeliner, caliper, corset or artificial limb. **Territory X-ray Services are not responsible for any personal belongings that may be lost or damaged whilst attending our practice. If you have any concerns or questions please consult the MR Technologist prior to entering the MR Room.**

MRI CONTRAST STUDY QUESTIONNAIRE

Have you ever had a radiological test requiring x-ray dye? (IVP, CT, MRI, Angiogram) No Yes
 If yes, did you experience any problems during or after the procedure, such as an allergic reaction? No Yes
 If yes, please provide further details:

Are you currently on any medications and/or taking sedatives? No Yes
 If yes, please list:

Do you have any allergies? (e.g. medications, foods, tapes, creams) No Yes
 If yes, please provide further details:

Do you suffer from kidney (renal) disease? No Yes

For female patients of childbearing age:
 Are you breastfeeding? No Yes

MRI CLINICAL INFORMATION QUESTIONNAIRE

What problem(s) brought you to the doctor/health professional that resulted in this MRI scan being ordered?

What do you think might have caused the problem and when did it start?

Have you had any previous surgery?

Yes ☐ No ☐

Have you had any treatment on the body region that we are scanning today?

Yes ☐ No ☐

If so, please list:

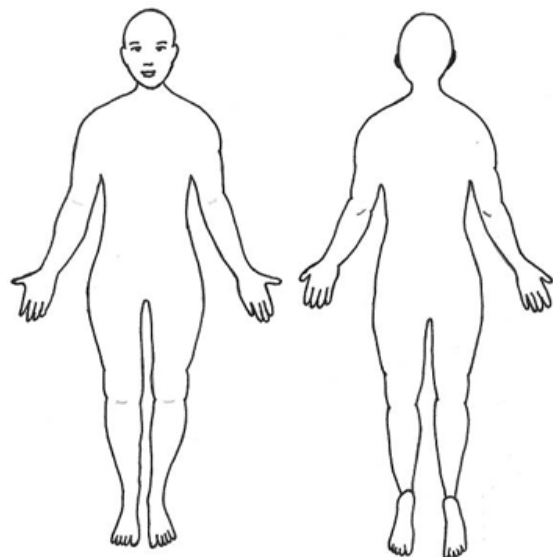
Date	Type of Surgery / Treatment	Name of Surgeon / Health Care Provider

Have you had any of the following tests done that are relevant to your current medical condition?

		When	Where	Result
X-ray	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Ultrasound	Yes <input type="checkbox"/> No <input type="checkbox"/>			
MRI	Yes <input type="checkbox"/> No <input type="checkbox"/>			
CT	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other	Yes <input type="checkbox"/> No <input type="checkbox"/>			

Please circle the area of pain/discomfort on the drawing below, indicating symptoms with the below letters:

Key	D - Dull ache
	S - Sharp pain
	N - Numbness
	T - Tingling



Please list your weight: _____ kg

It is a safety requirement that you answer this question to the best of your knowledge

MRI Contrast Dye (Gadolinium)

Some patients undergoing an MRI scan may require an injection of an intravenous (IV) dye (contrast) known as Gadolinium, which is a paramagnetic substance that is visible on MRI scans. The contrast is delivered into your body through a small plastic tube known as an intravenous cannula, which is placed into a vein in your arm by a nurse or radiographer who are both experienced in performing this procedure. This will result in a minor discomfort, usually no more than taking blood from your arm. The IV contrast is NOT radioactive.

Most injections of IV contrast occur uneventfully. So that you are fully informed of the risks prior to the examination, Territory X-Ray Services would like to inform you that:

- The most common side effect is a minor contrast reaction, which occurs in less than 0.05% of cases. Symptoms include headache, sneezing, nausea, vomiting, hives and swelling and usually settle rapidly. Occasionally medications may be required to help alleviate the symptoms if they persists for some time.
- Less commonly, a severe (anaphylactoid) contrast reaction occurs in approximately 0.03–0.1% of cases. This includes a rapid or slow heart rate, low blood pressure, an asthma attack (bronchospasm) and complete circulatory collapse/shock. Such reactions require urgent medical treatment and immediate transfer to an appropriate facility, such as an emergency department or intensive care unit. Despite best medical attempts and rapid treatment, a person may die from a severe reaction, however this is fortunately rare, occurring in 0.000001% (1 in 10 million) of cases. Territory X-Ray Services possesses the equipment and trained medical staff to assist in providing immediate lifesaving treatment should this be required.
- Patients with kidney (renal) impairment or failure should not undergo an injection of gadolinium unless this has been cleared by a specialist in this field (renal physician) in order to avoid a potentially life threatening condition known as NSF (Nephrogenic Systemic Fibrosis).
- Patients who have had a contrast reaction to the dye used in CT, IVP and angiographic examinations are at a 3.7 times increased risk of an adverse reaction.

Otherwise, there is no way of predicting who will be allergic to contrast until the dye is given. A patient who becomes allergic will usually develop their symptoms within 10 minutes, typically within the first one or two minutes and therefore will be still on our premises where assistance and medical treatment may be provided.

CONSENT FOR AN MRI EXAMINATION & MRI CONTRAST

I have read the above information and am aware of the risks and benefits of undergoing an MRI examination and also the risks and benefits of being administered gadolinium intravenous contrast. I have been provided with the opportunity to have any questions answered and I therefore give my consent to an MRI scan and any possible injection of intravenous contrast. I confirm that the questions have been answered to the best of my knowledge.

.....
Patient Name (Print)

.....
Signature

.....
Date

.....
MR Technologist

.....
Date / Time

.....
Contrast Label