

Fill out front and back

Patient Name _____

Date of Birth _____

Height _____ Weight _____

X-ray No. _____

Please indicate if you have any of the following:

Yes	No	Aneurysm clip(s)	Yes	No	Cardiac pacemaker
Yes	No	Implanted cardioverter defibrillator	Yes	No	Heart valve prosthesis
Yes	No	Electronic implant or device	Yes	No	Neuro-stimulation system
Yes	No	Internal electrodes or wires	Yes	No	Wire mesh implant
Yes	No	Bone growth/bone fusion stimulator	Yes	No	Insulin pump
Yes	No	Cochlear, or other ear implant	Yes	No	Dentures or partial plates
Yes	No	Any type of prosthesis (eye, penile, etc.)	Yes	No	Artificial or prosthetic limb
Yes	No	IUD, diaphragm, or pessary	Yes	No	Tattooed Make-up
Yes	No	Implanted drug infusion device	Yes	No	Metallic stent, filter, or coil
Yes	No	Shunt (spinal or intraventricular)	Yes	No	Body piercing jewelry
Yes	No	Claustrophobia	Yes	No	Hearing aid
Yes	No	Swan-Ganz or thermodilution catheter	Yes	No	History of cancer
Yes	No	Medication patch (Nicotine, Nitroglycerine)	Yes	No	Other implant _____
Yes	No	Surgical staples, clips, or metallic sutures			
Yes	No	Joint replacement (hip, knee, etc.) _____			
Yes	No	Bone/joint pin, screw, nail, wire, plate, etc.			
Yes	No	Any metallic fragment or foreign body in your body or eye(s)			

Please list all previous surgeries:

X

Patient Signature/Legally Authorized Person

Date

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1. Do you have renal (kidney) disease? Yes No GFR: _____ BUN: _____ Creatinine: _____
2. Are you diabetic? Yes No
3. Do you have liver disease? Yes No
4. Are you pregnant or any chance that you could be? Yes No

Risks for Gadolinium based contrast agents include, but are not limited to, various types of allergic reactions or even death (on rare occasion). Inflammation or infection at the site can occur and other more remote risks or consequences may also arise. People who have severe kidney disease, advanced liver disease, or are on dialysis who are given a gadolinium based MRI contrast agent may have a small risk of developing a disease called Nephrogenic Systemic Fibrosis (NSF). Symptoms of NSF are often associated with thickening and tightening of the skin; and scarring, including the diaphragm, heart, lungs, and muscles.

I have read the information above and have been given the opportunity to ask questions.

I **consent** to the use of IV MRI contrast and have been informed of the risks.

X_____

Patient Signature/Legally Authorized Person

Date

I **decline** the use of IV MRI contrast.

X_____

Patient Signature/Legally Authorized Person

Date

Clinical History_____

Medications: _____

Allergies: _____

Screening Technologist: _____ Date _____