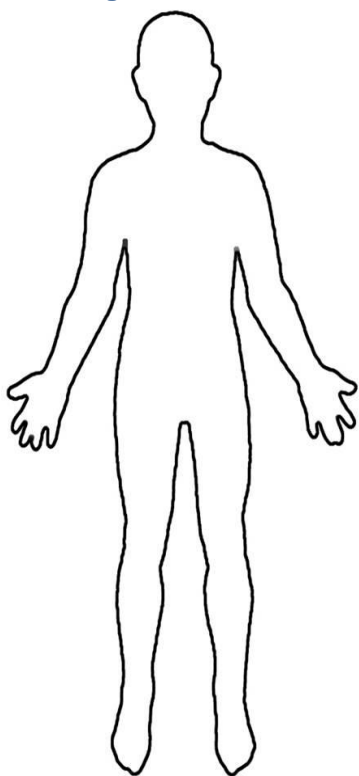


# Form For Magnetic Resonance Imaging (MRI) Patient Questionnaire & Consent

Name	Age	Weight	kg
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Do you have any of the following?			Right	Left
Cardiac pacemaker/defibrillator	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Artificial heart valve/stent	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Vascular implant, e.g. IVC filter	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Implanted drug infusion device	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Bone or neurostimulator	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Aneurysm clips	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Brain shunt tubing	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Metallic implants / joint replacements / screws or rods	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Hearing aid / cochlear implant	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Any metallic foreign bodies	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Dentures or braces	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Additional Questions</b>				
Do you have Renal Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you ever used or currently use Renal Dialysis	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you ever been a metal worker	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you ever had an eye injury caused by metal	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is there any possibility that you may be pregnant	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you breast feeding	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you claustrophobic	<input type="checkbox"/> Yes	<input type="checkbox"/> No		



**Please indicate on the above illustration where your symptoms are, and give a brief summary of your symptoms in your own words.**

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# Form For Magnetic Resonance Imaging (MRI) Patient Questionnaire & Consent

## Are there any risks associated with MRI?

MRI does not utilise ionising radiation. The magnetic field and radio frequency pulses used in clinical MRI are believed not to produce any long-term side effects. Given this, it is still important to advise the MRI staff if you are or suspect you are pregnant.

As for all medical procedures, there are risks associated with the administration of any substance, including MRI IV Contrast. In recommending the administration of MRI IV Contrast, the benefits to you from having this injection exceed the small risks of suffering the side effects involved.

The risks and complications with injecting MRI IV Contrast can include but are not limited to the following:

### Common risks and Complications:

- No known common risks.

### Less Common risks and complications:

- Injected contrast may leak outside of the blood vessel, under the skin and into the tissues. This may require treatment. In very rare cases, further surgery may be required if the skin breaks down.
- The injection may not be possible due to medical and/or technical reasons.

### Rare risks and complications:

- Allergic reactions occur within the first hour with mostly happening in the first 5 minutes such as:  
*Mild/Moderate* - headache, brief nausea, dizziness, facial swelling, hives sneezing, rash and itching;  
*Severe* - severe reactions are rare but include: a rapid or slow heart rate, low blood pressure, an asthma attack, fits and/or cardiac arrest.
- Nephrogenic Systemic Fibrosis (NSF)* (a potentially life threatening condition) for severe renal impaired patients only.
- Death* as a result of MRI Contrast is very rare, occurring in 1 in 10 million.

A patient who becomes allergic will usually develop their symptoms within 10 minutes and will be on our premises where assistance and medical treatment may be provided.

If you have severe renal failure or are on dialysis please tell the radiographers as Gadolinium can affect renal function in rare cases in such patients.

## Patient/Guardian Consent

- I acknowledge that I have read and understood the above information and that the doctor/doctor's delegate has explained the proposed procedure.
- I have completed the MRI Pre Scan Safety Questionnaire.
- I understand the risks and complications, including the risks that are specific to me/my ward.
- I was able to ask questions and raise concerns about the proposed procedure and its risks. My questions and concerns have been discussed and answered to my satisfaction.

On the basis of the above statements, I request and give my consent to have an MRI Scan performed and MRI IV injection (if applicable):

Name of Patient/and guardian if applicable:.....

Signature ..... Date.....

Name of Staff Member:.....

Signature ..... Date.....