



121 Sheridan Street, Cairns Qld 4870
Phone: (07) 40 519729

MRI Safety Questionnaire and Contrast Consent

Surname

Given names

DOB

M F

Height (cm)

Weight (kg)

MRI uses very strong magnetic fields that are always on and some objects can pose a serious threat to your safety, or compromise the examination. Therefore, this questionnaire is obligatory and **all** questions must be answered.

Do you have, or have you ever had, any of the following? (Please tick Yes or No)

- Cardiac pacemaker/ Implanted Cardiac Defibrillator/ Pacing wires Yes No
- Aneurysm clip Yes No
- Ear implant (e.g. Stapes or Cochlear implants) Yes No
- Neurostimulator (e.g. Spinal or Deep Brain stimulator) Yes No
- Implanted drug infusion pump Yes No
- Any other implanted electronic device Yes No
- Vascular implant (e.g. Stent, Coil, Filter, Graft) Yes No
- Shunt (e.g. Intraventricular, programmable or Spinal shunt) Yes No
- Any other implanted prosthesis or foreign object Yes No

If yes to any of the above, please include name, make and model of implant on the reverse of the form

Have you **ever** had metal fragments in your eye? Yes No

Do you have, or have you ever had, any of the following? (Please give details where appropriate)

- Joint replacement or artificial limb Yes No
- Rods, plates, screws Yes No
- Hearing aid Yes No
- Eye implant Yes No
- Dentures or removable dental work Yes No
- Medication patches Yes No
- Tissue expander (e.g. Breast) Yes No
- Body piercing or tattoos Yes No
- Bullets or shrapnel Yes No
- Claustrophobia Yes No

Do any of the following apply to you?

- Do you have a history of kidney disease? .. Yes No
- Do you have a history of liver disease? Yes No
- Do you have diabetes? Yes No
- Do you have high blood pressure? Yes No
- Do you have heart disease or angina? Yes No
- Do you have Glaucoma? Yes No
- Have you ever had a reaction to contrast? Yes No
- Are you, or could you be pregnant? Yes No
- Are you breast feeding? Yes No

Office use only:

eGFR.....ml/min Date tested.....

I confirm that I have read and understood these questions, and have answered them correctly. I hereby give my consent to undergo an MRI examination including any use of contrast media (information over page).

Name.....Signature.....Date.....

Office use only:

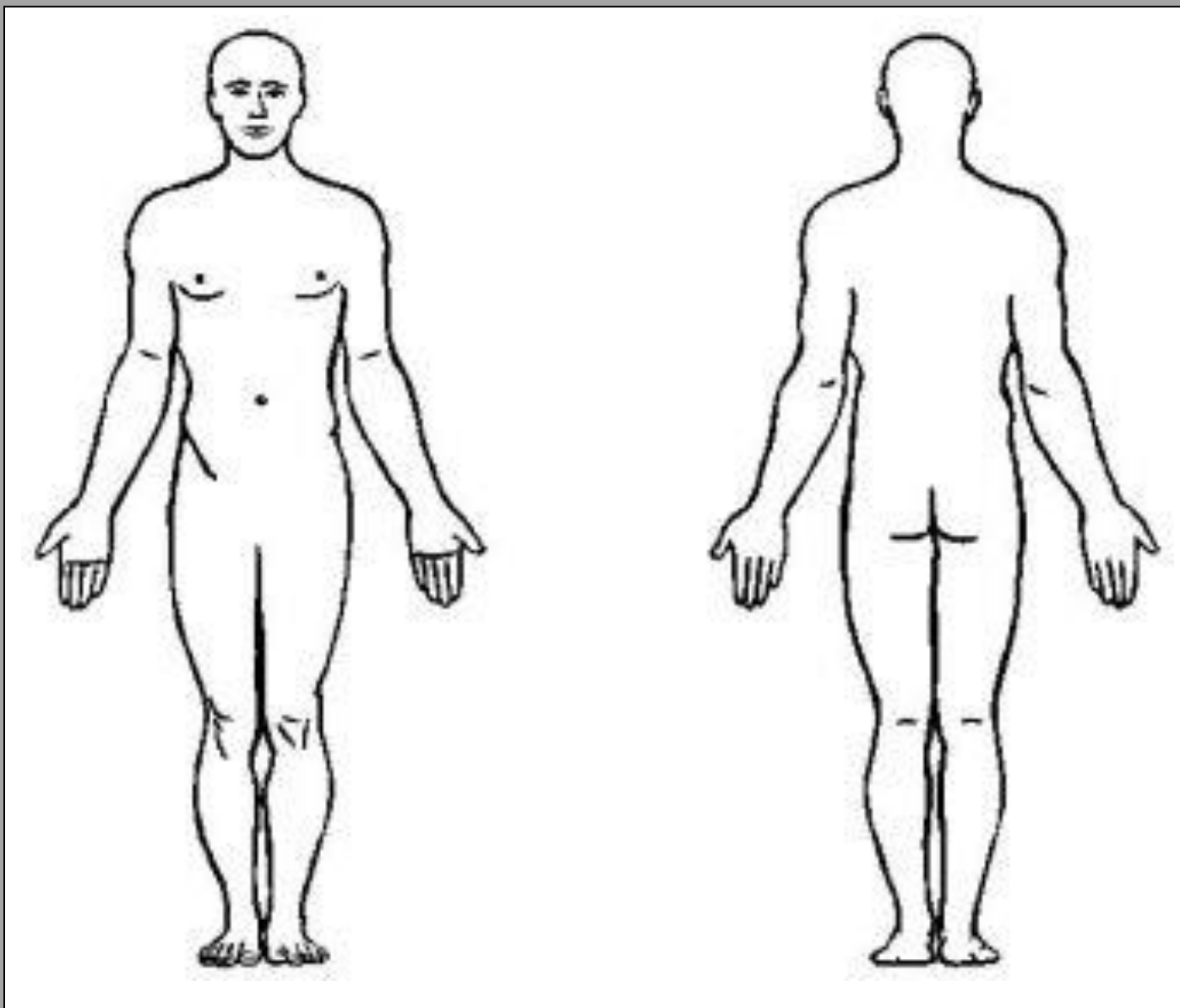
Safety Questionnaire Review by..... Signature.....Date.....

Approved by Consultant Radiologist..... Signature..... Date.....

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Warning: Please be aware that prior to entering the MRI room all metallic objects must be removed including watches, jewellery, hearing aids, wallets, phones, hair pins and clips, piercings and some clothing.

Contrast Media: When MRI contrast is required for your exam, an IV injection of Gadolinium is used. This contrast can result in an allergic reaction causing mild itching or rash however these reactions are quite rare. In about 1 in 300, 000 patients a decrease in breathing or blood pressure has been known to occur. In patients with impaired Renal Function a blood test results may be required before the administration of the Contrast Media.



Please detail below or indicate on the diagram above your areas of concern. Please also note any implanted devices you may have.
