

## Patient Information and MRI Consent Form

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

What is your current weight? \_\_\_\_\_ lbs.

What is your height? \_\_\_\_ ft. \_\_\_\_ in.

Have you ever had an MRI? Yes  or No

Are you on any medication for claustrophobia today?  
Yes  or No

Do you currently have any of the following?

**Yes No**

- Cardiac pacemaker/defibrillator/ICD
- Cochlear (ear) implants
- Spinal cord stimulator
- Bone stimulators
- Aneurysm clips, brain clips or aortic clips
- Insulin pump or drug infusion pump
- Pain/ transdermal medication patch
- Breast expanders after mastectomy
- Eye implant
- Penile implant
- Stents (Not in the heart), coils, filters or shunts
- Artificial heart valve
- Internal tens unit or pain stimulating unit
- Hearing aids (Must be removed before entering MRI)
- Permanent makeup or body jewelry
- Any injury to eyes involving metal (*welding shavings, etc.*)
- Orthopedic plates, pins, screws, nails or clips in the area that we are scanning today
- Clothing worn today with "copper wear" or anti-bacterial microfiber silverescent clothing
- Any other foreign object in body, such as anything you were not born with? (*BB, shrapnel, etc.*)

List here: \_\_\_\_\_

### PREGNANCY

The FDA has not established any criteria under which a pregnant woman may be imaged with MRI. Therefore, it is the policy of this facility that MR imaging not be performed on women with known or suspected pregnancy.

Are you or could you be pregnant?  Yes or  No

Are you breastfeeding?  Yes or  No

### ONLY FOR VENOUS CONTRAST EXAMS

**NOTIFY STAFF IMMEDIATELY IF YOU PREVIOUSLY HAD A REACTION TO CONTRAST.** MRI contrast medium is sometimes administered to patients during the exam to enhance the visibility of tissues in the body. While uncommon, some individuals have an allergic reaction to contrast.

Check all of the following that apply to you:

**Yes No**

- History of Kidney disease or kidney failure
- Currently on dialysis: Patients who are anuric need to coordinate with provider to make sure to get dialysis within 48hrs
- Kidney Transplant
- Single kidney
- History of renal Cancer
- History of renal surgery
- History of Diabetes mellitus-Type I or II
- History of high blood pressure requiring medication
- Personal history of multiple myeloma
- Metformin or metformin-containing drug combos
- Other Allergies (*Provide list or list below*)



**WARNING:** Before entering the MRI environment or MRI system, you **MUST** remove all of the following objects: hearing aids, partial plates, keys, cell phone, Ipod, fitbit, eyeglasses, hair pins, jewelry, watch, safety pins, paperclips, money clip, credit cards, magnetic strip cards, coins, pens, pocket knife, clothing with metal fasteners or threads. **\*Consult the MRI Technologist if you have any questions or concern BEFORE entering the MRI environment.**

### Consent to Treat

I have read, understood, and hereby consent to the MRI examination and the above conditions. I hereby authorize Puget Sound Imaging, to administer an IV (intravenous) MRI contrast medium, if appropriate, during the MRI examination. Puget Sound Imaging is hereby authorized to request any and all medical information (including but not limited to hospital records, reports, x-rays, and opinions) pertaining to me. I authorize the release of any necessary medical information to Puget Sound Imaging to assist in my diagnosis.

Signature of Person Completing Form: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Form Completed By:  Patient  Other (*List relationship to patient*): \_\_\_\_\_

**STAFF ONLY - Form reviewed by:**  MRI Technologist \_\_\_\_\_  Other: \_\_\_\_\_