

Patient Information and MRI Consent Form

Patient Name: _____ Date of Birth: ____/____/____ Age: _____

Body part to be scanned: _____

Left Right N/A

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 Stimulator
- 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, 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
- Colonoscopy or Endoscopy within 90 days?
If yes, where? _____
- Any foreign object in body, as in something 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
- 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, Ipad, 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 concerns **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 _____