the imaging center
at Bend Memorial Clinic PC

MRI SCREENING FORM / CONSENT FORM

DATE:

NAME:_____ WEIGHT:_____ HEIGHT: _____

PHYSICIAN: _____ DOB:_____

Why are we scanning you today? **Briefly describe your symptoms:** _____

_____

_____

PATIENT HISTORY

	YES	NO		YES	NO
Pacemaker / pacemaker wires			**Hearing aid**		
Aneurysm clips			**Infusion pump (implanted)**		
Any metal shaving in the eye/s			**Pregnant**		
Prior ear or brain surgery / cochlear Implants			**Allergies to MRI contrast (Gadolinum), latex**		
Artificial heart valves / stents **Date:** _____ **Make:** _____ **Model** _____			**Other related recent surgery/implants** **Date:** _____ **Type:** _____ **Epilepsy (seizures)**		
Metallic foreign body (e.g. gunshot wounds)			**Uncooperative / disoriented**		
History of cancer / type			**Claustrophobia**		
Metallic implant / prosthesis			**Unable to hold still due to pain**		
Orthopedic devices			**Braces**		
Surgical clips			**Removable dental work**		
Glitter eye make-up / permanent eyeliner			**Diabetes**		
Tattoos			**Skin patches (nicotine, nitro, pain)**		
Body piercing of any kind. Type:			**Other, talk to technologist**		

For Technologist use only:

Technologist:_____ Contrast administered ❑ Yes ❑ No

Oral contrast ❑ Yes ❑ No

Type:_____ Amount:_____

Time: _____ Lot #:_____ Exp:_____

Sedation: Drug _____Amount_____ Time Administered_____

Orbits Cleared by Radiologist? ❑ Yes by Dr._____

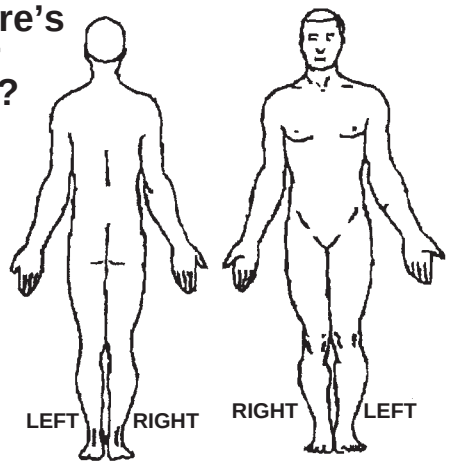
Technolgist notes: _____

_____

Blood Draw Date: _____ Creat. _____ G.F.R._____ (if needed)

Comments:

Where's your pain?



MUSIC SELECTIONS
(Please choose one)

- ❑ ALABAMA
- ❑ BEATLES
- ❑ ENYA
- ❑ GEORGE STRAIT
- ❑ TOBY KEITH
- ❑ STEVE MILLER
- ❑ CLASSIC ROCK
- ❑ CREEDENCE CLEARWATER REVIVAL
- ❑ LIFESCAPES (JUST RELAX)
- ❑ CLASSICAL (SOFT AS FLEECE)
- ❑ RELAXING INSTRUMENTAL
- ❑ CHRISTIAN (HOSANNA)
- ❑ CHRISTIAN COUNTRY (RON HEMPHILL)
- ❑ 50s MIX
- ❑ 70s MIX
- ❑ 80s MIX
- ❑ EAR PLUGS
- ❑ HEADPHONES (NO MUSIC)
- ❑ CLASSICAL - TRADITIONAL

FOR CONTRAST INJECTED EXAMS: Patient at risk for contrast induced nephropathy will be screened for elevated serum creatinine level. A creatinine drawn within the past two weeks is required prior to performing any exam using IV Gadolinium contrast for patients within one or more of the following categories:

YES NO - *Do you have **ONE** of the following conditions:*

- ❑ ❑ Are you on dialysis or do you have a history of kidney failure? (794.4)
- ❑ ❑ Have you had a kidney removed?

YES NO - *Do you have **TWO** or more of the following conditions*

- ❑ ❑ Are you a diabetic? (250.01 insulin dependent)
- ❑ ❑ Do you have a history of cancer or any chronic illness?
- ❑ ❑ Do you have a history of heart disease? (V12.50 hx of)
- ❑ ❑ Are you older than 65?
- ❑ ❑ Do you have a history of long standing or poorly controlled hypertension?

As part of your MRI examination, you might receive an intravenous injection of Gadolfnium contrast material. Such contrast is a very safe medium, with extremely rare side effects which include a skin rash, itching, nausea and shortness of breath. Patients with renal (kidney) disease might develop a rare, but serious condition called nephrogenic systemic sclerosis. If you have a history of renal disease, please inform your technologist. By signing this document, you authorize the MRI technologist to administer the Gadolfnium injection, if requested by your doctor or the radiologist.

I attest that the above is true to the best of my knowledge. I have read and understood the entire contents of this form and also had the opportunity to ask questions regarding this information. I will not hold any person or institution responsible for omissions made on this form.

Patient or Guardian's Signature _____ Date_____/_____/_____

Print Patient's Name _____

Patient Signature Consenting to Sedation/Relaxation Medication if needed: X_____