

1. MRI SAFETY QUESTIONNAIRE

PATIENT NAME: _____ **DATE of BIRTH:** ____ / ____ / ____

HEIGHT: _____ **WEIGHT:** _____ kgs

Do you have any of the following devices in / on your body (please tick):

Cardiac / Heart Pacemaker or pacing wires or implanted Defibrillator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
An Aneurysm Clip or have you had surgery to arteries in your head/ neck?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you suffer from claustrophobia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered YES to the above, please inform the reception staff now.

Do you have an electrical or neuro stimulator for nerves, brain or bone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have an implanted infusion or drug pump?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any mechanical or electronically activated implants?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have an ocular (eye) or cochlear (ear) implant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any coils, filters, shunts or stents?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have an artificial heart valve?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had metal in your eyes that was NOT removed by a doctor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have tattooed eyeliner OR a new tattoo less than 4 weeks old?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any bullets, shrapnel or other pieces of metal in your body?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any dentures, dental plates or hearing aids?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any joint replacement, pins, plates, rods, screws, nails or clips?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any medicated skin patches or body piercing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have renal (kidney) or liver disease or renal impairment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have "Silver Dressings" on wounds or ulcers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
For females of childbearing age:		
Is it possible that you are pregnant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

2. MRI CLINICAL INFORMATION

What problem(s) brought you to the doctor that resulted in this MRI scan being done?

Is this MRI scan being performed because of an injury you have had? Yes No

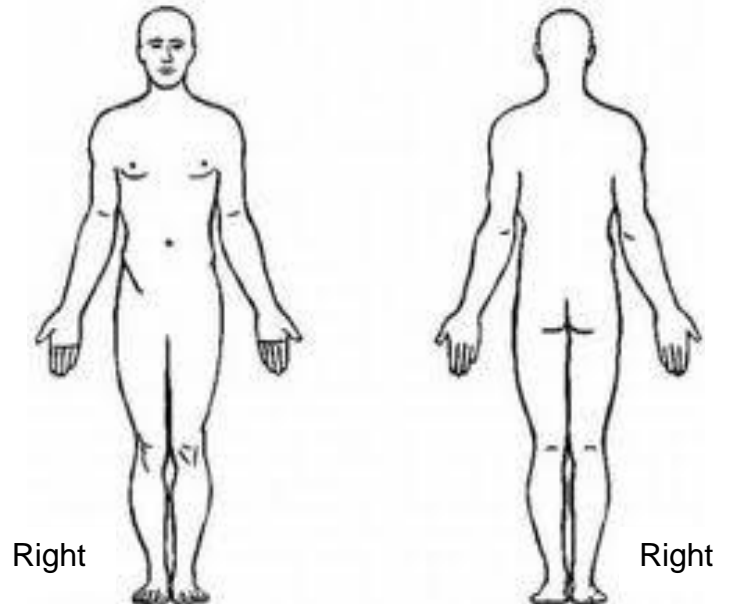
If Yes, when did the injury occur? _____

Have you had any previous surgery on the area that we are scanning?

If Yes, please list:

Date	Type of surgery or treatment	Surgeon / Location of surgery

Please circle the area affected on the diagram



Please indicating symptoms below:

Sharp pain	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other?
Dull ache	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other?
Numbness / tingling	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other?
Giving way	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other?
Locking	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other?

3. MRI CONTRAST / DYE

MRI CONTRAST (Gadolinium) INFORMATION:

Most MRI scans DO NOT require an injection of contrast media (Gadolinium) during the scan however in some cases it is needed to allow better visualisation of some structures and or organs. It can improve the accuracy of the examination and assists in diagnosing many serious conditions such as infection, inflammation and cancer. MRI contrast media is not radioactive, nor is it related to iodinated contrast commonly used in CT/Angiography. Most injections of MR contrast occur uneventfully, but as with all medications there is a very slight risk of an allergic reaction. In recommending the administration of the MRI contrast for this procedure, the doctor believes the benefits to you from having this injection exceeds any possible risks involved.

So that you are fully informed of the risks prior to the examination, Gold Coast Radiology would like to inform you of the following:

The most common observations can include, but are not limited to, nausea, headache, sneezing or itching/hives. Severe anaphylactic or allergic reactions such as respiratory symptoms, vomiting and facial swelling are rare, occurring in less than 1 in 250,000 people. Death as a result of MRI contrast is extremely rare. Patients who experience a contrast reaction will usually develop their symptoms within 10 minutes of the injection and therefore will be still on the clinic premises where assistance and medical treatment will be promptly provided. Other side effects may be experienced other than those listed above and all patients are requested to report any concerns immediately to Gold Coast Radiology staff.

MRI contrast is excreted from the body via the kidneys and urine. If contrast is given, you will be administered the safest macrocyclic contrast available. Gadolinium will not be administered if you have kidney failure

MRI Contrast Questionnaire (please tick):

Have you ever had a radiological test using dye? (IVP, CT, MRI, Angiogram) Yes No

If Yes, did you experience any issues during or after the procedure (allergic reaction) Yes No

If Yes, Please provide further details:

Do you have any allergies? Yes No

If Yes, Please provide further details:

Do you suffer from kidney (renal) disease? Yes No

If Yes, is your renal function impaired in any way? Yes No

For female patients of childbearing age:
Are you breastfeeding? Yes No

4. EXPLANATION AND CONSENT

Magnetic Resonance Imaging (MRI) scanners do not use any ionizing (x-ray) radiation, instead, MRI uses very strong magnetic fields and radio waves to produce detailed images of the inside of the body. The scanner is shaped like a large tube about 1.4m long and over 70cm wide, and is open at both ends and well-lit with multiple lights inside. The scan will be performed by an accredited MRI radiographer who will position you on the MRI table, often with a “coil” or antenna which detects the signal on or around the area under investigation. As the scanner is quite noisy whilst scanning, you will be given headphones and or earplugs and then moved into the MRI scanner so that the area concerned is at the center of the tube. During the scan the radiographer will be monitoring and in contact with you via an intercom and you will be given a “call buzzer” to be used to gain the attention of the radiographer at any time during the scan. All MRI scans are extremely sensitive to any movement, so you will be asked to remain as still as possible during the entire scan. The scan can take 20 to 60 minutes depending on the area under investigation and at the end of the procedure you will be given a Gold Coast Radiology Portal Card (for on-line image review) and or films depending on which doctor referred you for the procedure.

IMPORTANT:

As MRI uses very strong magnetic fields you **MUST NOT** bring anything into the MRI room with you. You may be asked to change into a gown prior to your examination and your personal items will be locked in storage. Some items brought into a magnetic field could result in harm to yourself or our staff, damage the equipment or they could themselves be damaged or destroyed. **Before your scan, you must remove all metal objects, including watches, mobile phones, credit cards, coins, keys, body piercings, earrings, hairclips, hair extensions, hearing aids, removable dentures, jewelry, calipers, corsets, or artificial limbs.**

FEES:

I am aware that I am to undergo an examination at a non-rebatable MRI scanner and as such, the fee for this test cannot be reimbursed by Medicare Australia.

CONSENT FOR AN MRI EXAMINATION AND MRI CONTRAST (if applicable):

I have read the above information and am aware of the risks and benefits of undergoing an MRI examination and also the risks and benefits of being administered gadolinium intravenous contrast. I have been provided with the opportunity to have any questions answered and I therefore give my consent to an MRI scan and any possible injection of intravenous contrast. I confirm that the questions have been answered to the best of my knowledge.

PATIENT NAME (Print)

SIGNATURE

DATE

Privacy Statement;

Gold Coast Radiology complies and actively promotes the Australian privacy policy. By utilising our services it is inferred that you consent to your personal and health information being collected and used for the primary purpose of providing a diagnostic imaging service to you and your referrer. For more information please view our privacy policy which is available on our website.

Staff Only (as per 78 / ACR-ASNR Position Statement ACR Manual on Contrast Media – Version 10.3 / May 31, 2017)

I have explained the procedure to the patient and checked that the questionnaire has been satisfactorily completed.

Staff Signature:..... **Date:**...../...../.....

NAME OF CONTRAST USED :
VOLUME OF CONTRAST GIVEN:.....