



Name: .....

Date of Birth: .....

Address: .....

.....

This MRI examination uses a very powerful magnetic field together with radio frequency waves to produce your images, for most people it is very safe and uses no radiation. However, **some people must never have an MRI exam**, as the environment can have very serious consequences. Therefore, it is vital that you fill in this form as accurately as possible. If you have any concerns or queries, please do not hesitate to contact Geraldton Radiology MRI on (08) 9964 3757.

If you answer 'Yes' to any of the following **four** questions please contact Geraldton Radiology MRI

	Yes	No	Notes
Do you have a cardiac (heart) <b>pacemaker</b> or <b>defibrillator</b> fitted?			
Have you ever had an injury involving <b>metal</b> in your <b>eyes</b> ?			
Have you ever had surgery to your <b>head</b> or had any <b>aneurism</b> clips fitted?			
Do you have any <b>medical</b> devices implanted inside you? (including stents)			

Please inform the Radiographer on the day of your scan if you answer 'Yes' to any of the following questions

	Yes	No	Notes
Have you ever had any procedures or surgery to your <b>heart</b> ?			
Do you have any known <b>heart disease</b> ? ie: <b>Heart failure, arrhythmia (abnormal heart rate), unstable angina</b> or recent <b>myocardial infarction (heart attack)</b> .			
Have you had any procedures or surgery to your <b>spine, eyes</b> or <b>ears</b> ?			
Do you have a <b>Hydrocephalous Shunt</b> (a fluid drain) fitted?			
Have you ever had any <b>metal penetrating injuries</b> anywhere on your body?			
Do you suffer from <b>fits, blackouts</b> or <b>epilepsy</b> ?			
Do you have any of the following:-	Joint replacements or metal implants?		
	False limbs or callipers?		
	Metal dentures or dental plates ?		
	Hearing aids or Cochlear Implants		
	Skin patches (HRT, nicotine etc.)?		
	Tattoos or body piercings?		
Have you had any <b>surgery</b> or procedures within the previous <b>12 months</b> ?			
If you are female is there any chance you could be <b>pregnant</b> or <b>breastfeeding</b> ?			
Have you ever had an MRI scan before?			
Have you ever suffered from <b>claustrophobia</b> or <b>panic attacks</b> ?			

It is **imperative** that you do not bring anything into the MRI room. Failure to do so could result in serious injury to yourself or any other persons present, or damage to the MRI equipment. Before the scan, you must remove all articles in your possession including watches, mobile phones, keys, credit cards, coins, **all piercings, jewellery**, hair clips, extensions. Please **do not wear any eye makeup** on the day of your exam as most products contain invisible metallic fragments.



## Consent for MRI and/or Intravenous Injection of Contrast Material

Some MRI examinations routinely require us to give you an injection of an MRI contrast (dye) into a vein to help us enhance the results of your examination.

This dye contains a paramagnetic substance called Gadolinium (Gd) which becomes magnetised when inside the MRI machine; it is not the same as contrast agents used in X-ray and CT exams.

An injection of Gadolinium in its chelate form is considered safe for the vast majority of patients, but as with any drug there is always a possibility of side effects or adverse reactions. So that you are informed we would like to explain the risks:

1. Insertion of the needle may give some discomfort, bruising and/or infection at the injection site.
2. Headache, nausea, vomiting and/or minor allergic reactions such as skin redness and itching occur in less than 1% of patients and are transient.
3. More severe reactions are very rare and may result in difficulty breathing, facial swelling and low blood pressure.
4. It is extraordinarily uncommon for reactions to be life threatening or severe.
5. In patients who have severely impaired renal (kidney) function and those awaiting a liver transplant, there is a small risk of developing a serious condition called Nephrogenic Systemic Fibrosis (NSF). This condition is **not** known to occur in patients with normal kidney function.

Please answer following questions to the best of your knowledge

	Yes	No	Notes
Have you ever had a <b>reaction</b> to an MRI, X-ray or CT contrast material?			
Do you have any reduced renal function or <b>kidney disease</b> ?			
Have you ever had or are you awaiting a <b>liver transplant</b> ?			
Do you have any drug or food <b>allergies</b> ?			
What is your approximate weight?			kg

I have read the above information, answered all the questions to the best of my knowledge and am aware of the risks of undergoing an MRI examination, plus the risks and benefits of being administered gadolinium based contrast. Should intravenous contrast be required, this will incur an additional cost to cover the cost of the contrast and medical consumables. I therefore give consent to Geraldton Radiology to carry out an MRI scan and any possible injection of intravenous contrast material.

Name (Print) \_\_\_\_\_ Signature (Patient/Parent/Guardian) \_\_\_\_\_ Dated \_\_\_\_\_

Radiographer's Name \_\_\_\_\_ Radiographer's Signature \_\_\_\_\_ Exam Dated \_\_\_\_\_

### **STAFF USE ONLY**

	Radiologist	Report
Orbit X-Rays		<i>No evidence of any radio-opaque foreign object</i>
	Injected by	Type, Amount, Dose, Lot No. and Expiry (from label)
IV Gadolinium Administered		