

**FIRST COAST IMAGING  
JACKSONVILLE UPRIGHT MRI  
SAFETY SCREENING AND CONSENT FORM FOR MRI EXAMS**

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

1. Reason for Exam: \_\_\_\_\_
2. Have you had prior surgery or an operation of any kind?  Yes  No  
If yes, please indicate type of surgery? \_\_\_\_\_

3. Have you had a prior diagnostic imaging study or exam?(MRI, CT, X-RAY, ect.)  
 Yes  No

If yes, please list:

	<u>Body Part</u>	<u>Date</u>	<u>Facility</u>
MRI	_____	_____	_____
CAT Scan	_____	_____	_____
US	_____	_____	_____
X-Ray	_____	_____	_____

4. Do you have any personal history of cancer?  Yes  No  
If yes, please explain. \_\_\_\_\_
5. Have you been treated for cancer with Radiation or Chemotherapy?  Yes  No
6. Have you experienced any problems relating to a previous MRI?  Yes  No  
If yes, please explain. \_\_\_\_\_
7. Have you had an injury to the eye involving a metallic object or fragment (e.g. metallic slivers, shavings, foreign body, welding, ect.)?  Yes  No  
If yes, please explain. \_\_\_\_\_
8. Have you ever been injured by a metallic object or foreign body(i.e. bullet, BB, shrapnel, ect.)?  Yes  No  
If yes, please explain. \_\_\_\_\_
9. Are you allergic to any medication?  Yes  No  
If yes, please list. \_\_\_\_\_
10. Do you have a history of asthma, allergic reaction, respiratory disease, or reaction to a contrast medium or dye used for MR, CT, or X-Ray?  Yes  No
11. Do you have Diabetes?  Yes  No
12. Any kidney problems of single kidney?  Yes  No
13. Any medications which impair kidney function?  Yes  No
14. Cardiovascular disease?  Yes  No
15. Asthma?  Yes  No

**IV Contrast is often required for diagnosis of certain conditions. IV Contrast for MRI is safe and uneventfully administered to millions of patients each year. Patients with moderate/severe pre-existing renal dysfunction; however, are at increased risk for development of a serious and potentially fatal condition known as Nephrogenic-Systemic Fibrosis. Please alert the technologist if you have any kidney problems.**

**Occasionally, patients may experience mild adverse reactions (vomiting, hives) following IV contrast administration, but severe reactions are exceedingly rare. The facility and the attending physician are prepared to treat any patient who may develop a rare adverse reaction.**

**If you have specific questions or concerns, please inform the technologist or ask to speak with the radiologist. You have the right to refuse IV Contrast or any medical exam.**

Contrast administered:  Yes  No Vol. of contrast \_\_\_\_\_ Injection Site: \_\_\_\_\_

Tech Signature: \_\_\_\_\_