

Today's Date _____

Name _____ DOB _____ Age _____ Wt _____

Have you had Gadolinium/IV contrast before? NO YES (If yes, detail below)

Type of MRI _____ Date _____ Location _____

Have you ever had a reaction to Gadolinium? NO YES (If yes, detail below)

Details _____

Are you allergic to anything? NO YES (If yes, detail below)

Details _____

Females:

Any chance of pregnancy? YES NO Last Period _____

Breastfeeding? YES NO

Please Check Any That Apply:

- Kidney problems
- Dialysis
- Diabetes
- Cancer _____
- Liver Disease
- Heart Disease
- Lung Disease

MRI Patients:

I understand that Gadolinium contrast will be injected. Few patients receiving this may develop headache and nausea. Inflammation at the injection site can occur. Severe reactions are extremely rare.

Patient Signature _____ Date _____

Labs: BUN _____ Creatinine _____ GFR _____

Contrast: Type _____ Amount _____ Site _____

Tech comments _____

Supervising Physician: Dr. Mendi Dr. _____

Reviewed by Tech (Signature) _____ Date _____

Translator _____