

Opensided MRI of Laguna Hills

Name _____ Sex _____ Date of Birth _____

Have you ever had an operation or surgical procedure of any kind? Yes _____ No _____
Please list all with dates:

Yes ___ No ___ **Pacemaker**, Wires, or Defibrillator Yes ___ No ___ Pregnant? Date of last period _____
Yes ___ No ___ Brain/Aneurysm Clips Yes ___ No ___ Artificial Limb or Joint
Yes ___ No ___ Ear Implants Yes ___ No ___ Permanent Eyeliner Tattoo
Yes ___ No ___ Eye Implants or Cataracts Yes ___ No ___ Implanted Catheter or Tube
Yes ___ No ___ Electrical or Nerve Stimulators Yes ___ No ___ Artificial Heart Valve
Yes ___ No ___ Metal Shrapnel or Fragments Yes ___ No ___ Penile Prosthesis
Yes ___ No ___ Magnetic Implants Any where Yes ___ No ___ Infusion Pump
Yes ___ No ___ Have ever been hit in the eye with shrapnel Yes ___ No ___ Coil, Filters, or Wire in blood vessel
Yes ___ No ___ Have you had shrapnel remove from eye Yes ___ No ___ Stent, When? _____
Yes ___ No ___ Diaphragm or intrauterine device Yes ___ No ___ Shunt
Yes ___ No ___ False Teeth, Retainers or Magnetic braces Yes ___ No ___ Surgical clips, staples,
Yes ___ No ___ **Any history of kidney disease or dialysis**

INFORMATION ABOUT GADOLINIUM CONTRAST INJECTIONS:

As part of your examination, it may be necessary to give you an intravenous (I.V.) injection of a contrast agent containing gadolinium. This injection may help the MRI radiologist more accurately diagnose your condition. Although gadolinium contrast agents have used safely in millions of cases, minor reactions (principally headaches or nausea) occur in about 2% of patients. Serious or life threatening reactions have reported in about one in 400,000 patients.

Gadolinium Contrast is also known to induce Nephrogenic Fibrosing Dermopathy in a small percentage of the patients with moderate to end stage kidney disease.

I attest that the answers I have provided to questions on this form are correct to the best of my knowledge. I have read and understand the entire contents of this form and have opportunity to ask questions regarding the information on this form.

Signature (Patient or Guardian): _____ Date _____

Patient's Nurse: _____ MRI Technologist _____