

TWIN PEAKS MEDICAL IMAGING, INC

1551 Professional Lane - Longmont, CO 80501 720-494-4767

MRI Exams

NAME: _____ Date: _____

What is your weight? _____

Have you had a previous MRI? _____ Where? _____

Have you had previous x-rays, CAT-scans, etc of the area we are scanning today? _____

Have you ever had exposure to metal such as welding or grinding where metal filings may have come in contact with your skin? _____ Or eyes? _____

Are you pregnant? _____ Are you nursing? _____

Do you have hearing aids? _____ Are they in today? _____

Have you ever gotten any metal in your eyes you had removed by a doctor? _____

LIST ALL PRIOR SURGERIES:

Abdomen/Pelvis: _____

Chest: _____

Head/Face/Eyes: _____

Neck: _____

Spine: _____

Blood Vessel Implants: _____

Other: _____

MRI uses a very powerful magnet. Failure to list all surgeries/implants may result in serious injury or death.

Do you have any of the following:

YES	NO		YES	NO	
_____	_____	Cardiac Pacemaker	_____	_____	Shrapnel
_____	_____	Cardiac Stent	_____	_____	Tattoo <u>Eyliner</u>
_____	_____	Aneurysm Clip (Brain)	_____	_____	Past History of Cancer
_____	_____	Ear Implant	_____	_____	Seizures
_____	_____	Neural Stimulator (TENS UNIT)	_____	_____	Joint Replacement
_____	_____	Insulin Pump	_____	_____	Prosthesis
_____	_____	Medication Patch (i.e. Pain, Nicotine, Birth Control, etc)	_____	_____	Other Implant
			_____	_____	Colonoscopy 30 days

Please describe your chief complaint/reason you saw a physician. (Include any pain, symptoms, type/date of injury)

Please mark the location of your pain or condition

Thank you for your cooperation.

on this diagram

Please see other page.

Some exams require a contrast substance called Gadolinium.
A reaction to Gadolinium, although rare, can not be excluded.

Have you ever had an injection for an MRI before? ____ If yes, did you have a reaction? ____
Have you had lab work that included Creatinine levels in the past month? ____ If yes, where? ____
Do you have a history of Kidney or Liver disease? ____ If yes, are you undergoing dialysis? ____
Do you have a history of Kidney or Liver Transplants? ____
Are you Diabetic? ____ Do you take medication for high blood pressure? ____
Medication allergies: _____
Current Prescription Medications: _____

Consent for Magnetic Resonance Imaging

Introduction:

Magnetic Resonance Imaging (MRI) is a relatively new technology for imaging structures inside the human body. Magnetic Resonance Imaging uses a strong magnetic field and radio frequency waves to produce very detailed images. The procedure does not use ionizing radiation and at no time during this test will you be exposed to x-rays. You will not be able to feel the magnetic or the radio waves during this procedure. You will be asked to lie still on a narrow couch for a certain period of time while the machine gathers data. You will hear tapping noises which arise from the radio antenna around your body. The space within the magnet, in which you lie, is somewhat confined although we have taken many steps to relieve the “claustrophobic” feeling. You may discontinue the exam at any time.

Risks:

There are no known risks with this procedure at this time. It is important that all metallic objects be removed from your person prior to approaching the high field strength magnet as these objects may be attracted to the magnet. In addition, such objects as watches, cell phones and credit cards should also be removed as these could be damaged.

Important Considerations:

If you have some type of implanted electrical device (such as a cardiac pacemaker), or if you could be pregnant, the need for MRI has to be thoroughly discussed. Most pacemakers and brain aneurysm clips are an absolute contraindication for an MRI exam.

Signature of MRI Participant _____ Date _____

Witness _____ Date _____

OSTP- _____

DATE _____