ENVISION
MEDICAL IMAGING

MRI Patient Checklist

Personal Details

Name ______________________________ Date of Birth ______________

Height (cm) ________ Weight (kg) ________ When is the next appointment with your doctor?______________

Restrictions imposed on MRI access throughout Australia means some MRI scans do not attract a Medicare rebate. Please enquire with the staff at Envision Medical Imaging, prior to your MRI scan, if it will be eligible for a Medicare rebate.

The MRI scanner is a very strong magnet, which can adversely affect certain metals or implanted devices.
Please answer the following questions carefully to ensure your safety.
The MRI technologist will answer any queries prior to your scan. **Please circle your response**

Have you had an MRI scan before? ______________ YES NO

If yes, at which Radiology location? ______________ And which body part? ______________

Have you EVER had surgery on your heart? ______________ YES NO

Do you have or have you EVER had a Cardiac Pacemaker/Defibrillator implanted? ______________ YES NO

Have you EVER had any surgery on your brain, ears or eyes? ______________ YES NO

Do you have any Metallic Implants? e.g. Aneurysm Clip (Brain), Stapedectomy (Ears), Vascular Stent (eg AAA, coronary, renal), Metal Clips, Screws, Rods, or Joints. ______________ YES NO

Do you have any Electronic Implants? e.g. Cochlear Implant, Neurostimulator, Pacing Wires / Electrodes, Morphine / Insulin Pump, Glucose Monitor? ______________ YES NO

Do you grind, weld or cut metal? ______________ YES NO

Have you EVER had a metallic foreign body in your eye? ______________ YES NO

If YES, has it been removed? ______________ N/A YES NO

Are you wearing a hearing aid? ______________ YES NO

Do you have removable dentures or any dental plates/retainers/braces? ______________ YES NO

Are you wearing a wig, or do you currently have any hair extensions attached? ______________ YES NO

Are you currently using any medicated skin patches? ______________ YES NO

Are you currently breastfeeding? ________ YES NO Are you currently pregnant? ________ N/A YES NO

Are you willing for your de-identified scans (with your personal details removed) being accessed for purposes of research and education? ______________ YES NO

Fee Quote: $______________ Date:__________ Patient Signature: ______________

MRI Tech (name)______________________ Date: ______________

P.T.O

178-190 Cambridge Street, Wembley
Tel: (08) 6382 3888 Fax: (08) 6382 3800 Email: bookings@envisionmi.com.au

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MRI INFORMATION & CONSENT
CONTRAST MEDIUM - MRI

Introduction

The scan your doctor has asked us to perform may require the injection of contrast medium. This is a medical dye called Gadolinium used to help delineate various structures in the body. The dye is different to that used for X-ray or CT.

If you have a history of poor renal function or have ever been on dialysis, please inform the staff member prior to commencing the scan

Risks and side effects

As with most drugs, side effects and adverse reactions are possible. These may occur during or after the procedure.

Side effects associated with the procedure may include a brief metallic taste or smell. Occasionally side effects such as nausea or a rash (hives) may occur. More severe allergic reactions may result in shortness of breath and facial swelling. It is extremely rare for reactions to be life threatening. Patients with severe Renal (kidney) impairment have a very small risk of developing a specific irreversible disorder called Nephrogenic Systemic Fibrosis (NSF).

Please ask the MRI technologist questions about anything on this form that you do not understand.

To further reduce the risk of an adverse reaction it is important that you answer the following questions. Please circle your response and answer all questions on this page.

Have you previously had an injection of MRI contrast? ______ YES NO

If YES, did you have an adverse reaction to the MRI contrast? ______ N/A YES NO

Do you have Poor Kidney Function? ______ YES NO

If YES, what date was it last checked & by which Pathology Clinic? ______ N/A YES NO

For some Pelvic or Abdominal studies you may also be administered a drug called Buscopan. This is an antispasmodic medication designed to reduce peristalsis of the bowel for a short duration. This enables much clearer imaging of the surrounding anatomy.

Do you have an eye pressure issue called Glaucoma? ______ YES NO

If YES, has it been treated? ______ N/A YES NO

Do you have any heart conditions/arrhythmias? ______ YES NO

Do you have asthma? ______ YES NO

I have read the information provided regarding my procedure. I understand the information and have had the opportunity to ask questions about what is going to happen, the reasons for the procedure being performed, and the associated risks. I agree to have the procedure performed.

Patient Name ______

Patient Signature ______ Date ______
(or signature of legal guardian)

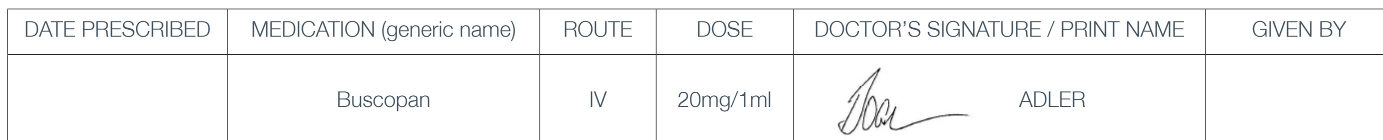
Signature of MIT / Radiologist ______

Office Use Only

Anticoagulants Yes ◯ No ◯ Diabetic Yes ◯ No ◯ Allergies Yes ◯ No ◯ Driver Yes ◯ No ◯

Patient ID Confirmation
Name ◯ DOB ◯ Gender ◯ Address ◯

Procedure Cornfirmation
Scan ◯ Type ◯ Side ◯ Consent ◯



DATE PRESCRIBED	MEDICATION (generic name)	ROUTE	DOSE	DOCTOR'S SIGNATURE / PRINT NAME	GIVEN BY
	Buscopan	IV	20mg/1ml	ADLER	

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