

PATIENT NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Height: \_\_\_\_\_ (cm or feet) Weight \_\_\_\_\_ kg

## 1. MRI SAFETY QUESTIONNAIRE

PLEASE TICK

Do you have any of the following devices in/on your body (please tick):

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| • Cardiac/Heart Pacemaker/pacing wires or Implanted Cardioverter Defibrillator?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Artificial heart valve   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Electrical stimulator for nerves, brain or bone?                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Implanted infusion or drug pump?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Coils, filters, shunts or stents?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Aneurysm clips?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Ocular (eye) implant?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Cochlear (ear) implant?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Have you ever had metal in your eyes or worked extensively with metal?         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Mechanically or electronically activated implants?                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Bullets, shrapnel or other pieces of metal in your body?                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Medicated skin patches (eg pain relief, hormone, nicotine replacement therapy) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

The following devices can affect the quality of MRI examinations but are unlikely to be a safety hazard.

We need to know if any of these items are present as it may influence the way we perform the examination (please tick):

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| • Dental work: dentures, or dental plate                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Hearing aid  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Metal joints/joint replacement, pins, plates, rods, screws, nails or clips | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Tattoos  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Body piercing  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Have you ever had any surgery? Yes  No

If yes, please list:

For females of childbearing age:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| • Is it possible that you may be pregnant?          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Do you have an intrauterine contraceptive device? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## PREPARATION FOR YOUR MRI SCAN

You will be asked to change into a gown prior to your examination and your personal items will be stored securely. Do NOT bring anything into the MRI room with you. Some items brought into a magnetic field could result in harm to yourself or our staff, damage the equipment or they could be themselves damaged or destroyed. Before your scan, **you must remove all metal objects in your possession or on your person.**



## 2. MRI CLINICAL INFORMATION QUESTIONNAIRE

What problem(s) brought you to the doctor/health professional that resulted in this MRI scan being ordered?

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What do you think might have caused the problem and when did it start?

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Have you had any surgery / treatment on the **body region that we are scanning today?** Yes  No

If so, please list:

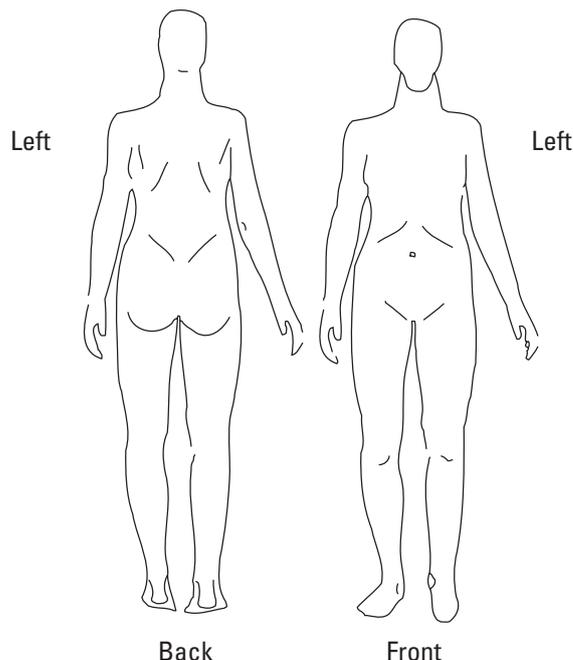
DATE	TYPE OF SURGERY / TREATMENT	NAME OF SURGEON / HEALTH CARE PROVIDER

Have you had any of the following tests done that are relevant to your current medical condition?

	Yes <input type="checkbox"/> No <input type="checkbox"/>	WHEN	WHERE	RESULT
X-ray	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Ultrasound	Yes <input type="checkbox"/> No <input type="checkbox"/>			
MRI	Yes <input type="checkbox"/> No <input type="checkbox"/>			
CT	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other	Yes <input type="checkbox"/> No <input type="checkbox"/>			

Please circle the area of pain/discomfort on the drawing to the right, indicating symptoms with the below letters:

- Key:**
- D: Dull ache
  - S: Sharp pain
  - N: Numbness
  - T: Tingling



### 3. MRI Contrast Dye (Gadolinium) Information:

Some patients undergoing an MRI scan may require an injection of an intravenous (IV) dye (contrast) known as Gadolinium, which is delivered into the body through a small plastic tube known as an intravenous cannula. The IV contrast is NOT radioactive. The benefit of administering intravenous contrast for an MRI examination is enormous. The use of contrast greatly improves the accuracy of the examination and assists in excluding many serious diseases, such as cancer.

As for all medical procedures, there are risks associated with the administration of any substance, including Gadolinium, however the benefit, such as an accurate diagnosis, outweighs the small chance of suffering from the side effects (discussed below). The decision to administer IV contrast is however not taken lightly and is carefully made by your referring doctor and/or our radiologist. If after reading the information below you are not willing to undergo a study with IV contrast, the test may still be performed without it, however you must be aware that the information from the examination may not be as accurate. It is possible that another test may be appropriate and this can be discussed with your referring doctor or our radiologist.

Most injections of IV contrast occur uneventfully. So that you are fully informed of the risks prior to the examination, Melbourne Radiology Clinic would like to inform you that:

- The most common side effect is a minor contrast reaction, which occurs in less than 0.05% of cases. Symptoms include headache, sneezing, nausea, vomiting, hives and swelling and usually settle rapidly. Occasionally medications may be required to help alleviate these symptoms if they persists for some time.
- Less commonly, a severe (anaphylactoid) contrast reaction occurs in approximately 0.03–0.1% of cases. This includes a rapid or slow heart rate, low blood pressure, an asthma attack (bronchospasm) and complete circulatory collapse/shock. Such reactions require urgent medical treatment and immediate transfer to an appropriate facility, such as an emergency department or intensive care unit. Despite best medical attempts and rapid treatment, a person may die from a severe reaction, however this is fortunately rare, occurring in 0.0000001% of cases (1 in 10 million). Melbourne Radiology Clinic possesses the equipment and trained medical staff to assist in providing immediate life saving treatment should this be required.
- Patients with kidney (renal) impairment or failure should not undergo an injection of gadolinium unless this has been cleared by a specialist in this field (renal physician) in order to avoid a potentially life threatening condition known as NSF (Nephrogenic Systemic Fibrosis).
- Patients who have had a contrast reaction to the dye used in CT, IVP and angiographic examinations are at a 3.7 times increased risk of an adverse reaction. Otherwise, there is no way of predicting who will be allergic to contrast until the dye is given. A patient who becomes allergic will usually develop their symptoms within 10 minutes and therefore will be still on the clinic premises where assistance and medical treatment may be provided.

### MRI CONTRAST STUDY QUESTIONNAIRE

**PLEASE TICK**

Have you ever had a radiological test ray using dye? (IVP, CT, MRI, Ultrasound, angiogram or venogram) Yes  No

If yes, did you experience any problems during or after the procedure, such as an allergic reaction? Yes  No

If yes, please provide further details:

Are you currently on any medications and/or taking any sedatives? Yes  No

If yes, please list:

Do you have any allergies? Yes  No

If yes, please provide further details:

Do you suffer from kidney (renal) disease? Yes  No

#### For female patients of childbearing age:

Are you breastfeeding? Yes  No



## CONSENT FOR AN MRI EXAMINATION & MRI CONTRAST

I have read the above information and am aware of the risks and benefits of undergoing an MRI examination and also the risks and benefits of being administered gadolinium intravenous contrast. Should intravenous contrast (dye) be required, this will occur an additional cost to cover the cost of the contrast, medical consumables and increased scan time. I have been provided with the opportunity to have any questions answered and I therefore give my consent to an MRI scan and any possible injection of intravenous contrast. I confirm that the questions have been answered to the best of my knowledge.

### FEES:

**I am aware that I am to undergo an examination at an MRI scanner that other than for a limited Medicare specified criteria (see below), will be non-rebatable and therefore, this fee CANNOT be reimbursed by Medicare Australia. As such, as a private fee paying patient, I acknowledge that Melbourne Radiology Clinic's terms are strictly payment on the day of service. The limited Medicare eligible ("rebatable") MRI scans apply in the case of referred by a GP and:**

**A. patients who are under 16 years of age and where the MRI examination is of the following body parts only: brain, spine, elbow, wrist, hip and knee OR**

**B. patients who are 16 and over and where the MRI examination is of the following body parts only: brain, cervical spine, and knee.**

**If I am a Workcover or TAC patient with a CURRENT claim number, I should be covered by the relevant authority, however if this is rejected, I will pay for the cost of the MRI scan. Similarly, if I am a Veteran's Affairs white card holder and the MRI scan is in relation to my medical condition and entitlements, the cost should be covered by DVA, however I will pay for the MRI scan if DVA rejects the cost of the examination.**

Amounts outstanding will incur further debt collection fees, legal fees and charges and any costs associated in the process.

I accept the above terms of trade. I acknowledge that I am the person responsible for this account and that all information provided is true and correct.

PATIENT NAME (Print) SIGNATURE DATE

EMERGENCY CONTACT: NAME PHONE NUMBER

**PRIVACY STATEMENT:** The information collected by Melbourne Radiology Clinic forms part of your confidential patient record and will be securely stored. The information is only used to assist us in safely in accurately carrying out your examination and will not be disclosed in any way to any third party or individual.

### STAFF USE ONLY

Correct patient name Yes  No  Info sheet read / explained Yes  No   
Correct date of birth Yes  No  Tech Initials \_\_\_\_\_

DATE TIME CONTRAST LABEL DOSE  
Cannulator: \_\_\_\_\_ Site: Right / Left Gauge: 20g / 22g / 25g

[Last Updated April 2, 2015]

