

Weill Cornell Imaging at NewYork-Presbyterian

MRI is simple, safe and painless. However, because we use strong magnets during the procedure, metal objects in your body may be hazardous or cause interference. Please provide us with this important information before entering the MRI department.

Name _____ Age _____ Weight _____
Referring Physician _____

Have you ever been here before? Yes No If yes, when _____

Have you ever had an MRI? Yes No Date and Place of last MRI _____

List other Imaging related to today's examination with date and location (Cat Scans, Ultrasound, X-Ray)

Please list any oral medications you have taken today (including any medication for anxiety/claustrophobia)

Have you ever had surgery? Yes No If Yes, please list all procedures and dates.

Do you have any of the following	Tumor	Yes <input type="checkbox"/> No <input type="checkbox"/>	Location _____
	Cancer	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
	High Blood Pressure	Yes <input type="checkbox"/> No <input type="checkbox"/>	Year Diagnosed _____
	Stroke	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Do you have any of the following items in your body

Pacemaker	Yes <input type="checkbox"/> No <input type="checkbox"/>	Implanted Electrical Device	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ear/Cochlear Implant	Yes <input type="checkbox"/> No <input type="checkbox"/>	Neurostimulators	Yes <input type="checkbox"/> No <input type="checkbox"/>
Brain/Aneurysm clips	Yes <input type="checkbox"/> No <input type="checkbox"/>	Metal Fragments/Shrapnel	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tissue Expander	Yes <input type="checkbox"/> No <input type="checkbox"/>	Stents	Yes <input type="checkbox"/> No <input type="checkbox"/>
Metal in Eyes	Yes <input type="checkbox"/> No <input type="checkbox"/>	Transdermal Patch	Yes <input type="checkbox"/> No <input type="checkbox"/>

Any other metal objects or implants Yes No
If known, please give name and date of Implant _____

Are you on Dialysis? Yes No

Do you have a history of Kidney or Renal disease? Yes No

Have you ever had an Injection of Contrast for an MRI?
(MRI contrast is not the same as CAT scan contrast) Yes No

If yes, did you experience any of the following	Hives	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Shortness of Breath	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Fainting/Collapsing	Yes <input type="checkbox"/> No <input type="checkbox"/>

FEMALE PATIENTS Is there any possibility that you are pregnant? Yes* No

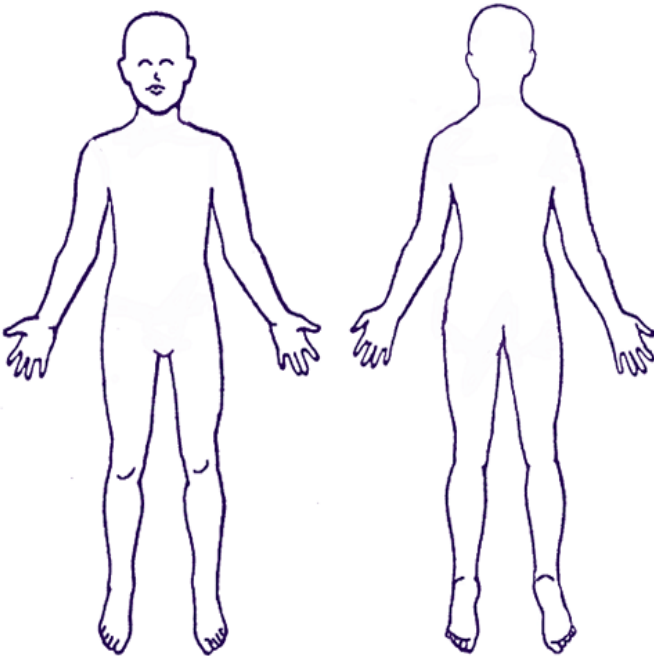
*If "Yes" please see front desk for an additional consent form.

Are you Breast Feeding? Yes No

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Please describe your symptoms

Please indicate your symptoms in the diagram:



Sometimes MRI requires an injection of contrast. MRI contrast (Gadolinium) is administered through a small needle placed into a vein. During the administration of MRI contrast, you may experience the sensation of the contrast being injected, which is normal and expected.

MRI contrast (Gadolinium) is quite safe, however as with all medications, there is a slight risk of an allergic reaction. The physician and staff in the MRI department are trained to respond to any emergency situation that may develop. In addition, we use the safest MRI contrast, which our physicians believe is best for you. Gadolinium has no animal or food products or derivatives, sodium chloride, glucose or preservatives.

Literature on Gadolinium is available at the front desk.

I have read and understand the above information.

Signature of Patient: _____ Date: _____

Signature of Nurse/Technologist: _____ Date: _____

Signature of Front Desk Staff: _____ Date: _____