

(office use)

PET/MRI QUESTIONNAIRE/AUTHORIZATION

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.

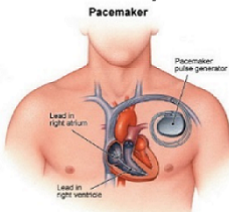
Name: _____ Date of Exam: _____

Date of Birth: _____ Age: _____ Sex: _____ Height: _____ Weight: _____

1. Please list any oral medications you have taken today (including any medication for anxiety or claustrophobia):

IF YOU HAVE EITHER OF THE DEVICES BELOW YOU CANNOT HAVE AN MRI.

Pacemaker /Defibrillator (ICD)



STOP

Cochlear Implant



2. Please check YES or NO in the boxes below if you have any of the following items in your body:

- | | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Pacemaker, heart monitor, defibrillator?
<input type="checkbox"/> Yes <input type="checkbox"/> No Implanted drug infusion device?
<input type="checkbox"/> Yes <input type="checkbox"/> No Prosthesis? (eye, limb, penile, etc.) ?
<input type="checkbox"/> Yes <input type="checkbox"/> No Cochlear, otologic or ear implant?
<input type="checkbox"/> Yes <input type="checkbox"/> No Port?
<input type="checkbox"/> Yes <input type="checkbox"/> No Stent, Filter, Coil?
<input type="checkbox"/> Yes <input type="checkbox"/> No Aneurysm Clips? If so, when and where were they placed?
<input type="checkbox"/> Yes <input type="checkbox"/> No Artificial Heart Valve?

<input type="checkbox"/> Yes <input type="checkbox"/> No Eyelid spring or wire?
<input type="checkbox"/> Yes <input type="checkbox"/> No Hair extensions?
<input type="checkbox"/> Yes <input type="checkbox"/> No Any other metallic objects, implants, or fragments? If yes, what? | <input type="checkbox"/> Yes <input type="checkbox"/> No Nerve or other Stimulator?
<input type="checkbox"/> Yes <input type="checkbox"/> No Any metallic fragment, foreign body, or bullets?
<input type="checkbox"/> Yes <input type="checkbox"/> No Hearing Aid?
<input type="checkbox"/> Yes <input type="checkbox"/> No Tissue expander?
<input type="checkbox"/> Yes <input type="checkbox"/> No Catheter or feeding tube?
<input type="checkbox"/> Yes <input type="checkbox"/> No Programmable Shunt?

<input type="checkbox"/> Yes <input type="checkbox"/> No Scleral Buckle?
<input type="checkbox"/> Yes <input type="checkbox"/> No Tattoo, permanent makeup, or body piercing? |
|--|--|

(office use)

PET/MRI QUESTIONNAIRE/AUTHORIZATION

3. Why are you having this exam?

4. Have you had surgery or a biopsy? Yes No
If YES, What types and when?

5. Have you had prior chemotherapy? Yes No
Are you currently on chemotherapy? Yes No
If YES, What was the date of the last cycle?

6. Have you had any bone stimulating drug (Nuepogen®/ Epogen®)? Yes No
If YES, what was the last date you took this drug?

7. Have you had prior radiation therapy? Yes No
If YES, please answer the following:

What body part was radiated?

When did radiation start?

When did radiation end?

If YES, what type of injection and where was it injected?

8. Are you diabetic? If YES, please answer the following: Yes No

Do you take oral medication for your diabetes? Yes No

9. Do you take insulin? Yes No

10. What is your fasting blood sugar/glucose?

11. Have you had a recent intramuscular injection in the past 2 weeks? Yes No

If YES, what type of injection and where was it injected?

(office use)

PET/MRI QUESTIONNAIRE/AUTHORIZATION

- 7. Do you have an allergy to Latex? Yes No
- 8. Do you have a history of kidney disease or kidney surgery? Yes No
If so, are you on Dialysis? Yes No
- 9. Have you ever had an injection of MRI contrast? If YES, please answer the following: Yes No
 - Have you ever had hives following MRI contrast? Yes No
 - Have you ever had shortness of breath following MRI contrast? Yes No
 - Have you ever fainted/collapsed following MRI contrast? Yes No

10. FEMALE PATIENTS

- Is there any possibility that you are pregnant? Yes No
- Are you breastfeeding? Yes No
- When was your last menstrual cycle? _____

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 authorize Weill Cornell Imaging at NewYork-Presbyterian, its physicians and other staff to perform the prescribed examination.
I have read and understand the above information.

Signature of Patient: _____ Date: _____
(Parent or Guardian)

(office use)

Front Desk Staff: _____ Signature: _____

Technologist: _____ Signature: _____

Nurse: _____ Signature: _____