

QUESTIONNAIRE BEFORE MRI SCAN

Name and Surname Date of birth

Date of scan..... Telephone number Weight.....

Please indicate tested organ.....

MRI scan: Magnetic Resonance Imaging does not require the use of potentially harmful X-rays. It uses magnetic field. MRI scan is used to detect lesions in tissues. The test is painless and requires lying motionless.

Have you ever experienced:	YES	NO
Irregular heartbeat		
Sudden loss of consciousness		
Anxiety caused by claustrophobia		
Are you pregnant?		
Do you suffer from asthma?		
Do you have any allergies?		
Have you ever had contrast agent administered during previous diagnostic tests?		
Do you suffer from:		
kidney failure		
cardiology problems		
neurological diseases (especially epilepsy, convulsions)		
clotting disorders and deep vein thrombosis		
increased concentration of iron in the serum		
hyperparathyroidism		
hypothyroidism		
diabetes		
liver failure – have you had liver transplant?		
other		
Do you use erythropoietin?		
Have you had surgery recently (especially vascular)?		
Do you know your creatinine level?		

Metal objects which are found in magnetic field of the MRI unit may hinder interpretation of the result. Moreover, in some cases they are contraindications to MRI. Please indicate if any of the following applies to you:

Do you have following implants:	YES	NO
cardiac pacemaker		
iron filings in the body or skin (have you ever worked with metal processing industry)		
hearing aid		
artificial heart valves		
intracranial vascular clips		
cardiac chamber or core valves		
neurostimulators		
metal joint implants		
metal dental bridges		
metal Intra Uterine Device (IUD)		
metal surgical sutures		
other metal implants (which?)		
Have you been informed about the possibility of injection of contrast agent?		

I, the undersigned, declare that I have read and understood the above information and the data I provided is correct. I declare that I take full responsibility for the information provided and consciously agree to Magnetic Resonance Imaging test.

(date and legible signature of the **patient** / legal guardian)

(for minor Patients a statement must be signed by a patient and a legal representative)

Signature and stamp of the **diagnostician** Signature and stamp of the **doctor**

In the case of bringing your medical documentation please tick:		
TYPE AND NUMBER OF PROVIDED DOCUMENTATION (MRI, CT scan, X-RAY, USG, PET, other)		
CD.....	Plate.....	Paper documents.....

(date and legible signature of the patient / legal guardian).....

According to the art. 24 of the Act of 29.08.1997 on personal data protection (Dz. U. of 2002., 101, pos. 926, as amended.), we inform that the Personal Data Administrator is Sport Medica S.A. based in Warsaw, ul. Pory 78. Your personal data is processed within the scope specified by law for the purpose of medical services. You have the right to access, update or correct your data.

Place and date

Patient's Name

Date of birth

CONSENT TO MRI TEST (Magnetic Resonance Imaging)

Contrast agents applied during MRI scan can cause adverse reactions, which occur rarely, and usually are mild and of short duration (in some cases late allergic reactions may occur). They are:

- nausea, vomiting, dysgeusia, fatigue, increased sweating
- paresthesia, skin reactions, hives, itching, pale skin, eczema
- pain and sensation of cold or heat at the injection site, headaches and muscle cramps
- disturbances of consciousness, epilepsy, headache, and feeling hot
- **anaphylactic reactions:** swelling of blood vessels, shock, sudden cardiac arrest, low blood pressure, swelling of the throat, laryngospasm, bronchospasm, stridor, pulmonary edema, respiratory disorder, cough, runny nose, sneezing, conjunctivitis, abdominal pain, chest pain, rash
- tearing of the vein, extravasations of contrast outside the vein

Each symptom of intolerance to contrast agent must be immediately reported to the medical staff.

Medical history for allergies and prior adverse reactions to iodine-based contrast agents used during CT scans and gadolinium contrast agents used during MRI scans increase the likelihood of adverse reactions. Patients with impaired kidney (renal) function should be given special consideration before receiving iodine-based contrast materials. In such cases before performing MRI with contrast, it is necessary to examine the level of creatinine in the blood to assess renal function.

The use of gadolinium contrast agents during MRI scan in patients with chronic kidney disease may also cause rare kidney problem called NSF - Nephrogenic System Fibrosis. NSF causes progressive fibrosis of the skin and internal organs: liver, heart, lungs, diaphragm and muscles.

The risk of developing NSF increases proportionally to the degree of renal damage (regardless of the cause), the dose and frequency of administration of gadolinium. Other factors causing the occurrence of NSF could be:

- coagulation disorders and deep vein thrombosis, inflammation,
- recent surgery (especially vascular),
- the use of high doses of erythropoietin, increased concentration of serum iron,
- hypothyroidism and secondary hyperparathyroidism,
- presence of anticardiolipin antibodies.

Contrast agents used for MRI do not interact with other drugs and in most cases are rapidly excreted by the kidneys as unchanged substance.

I hereby **give my consent / do not give my consent*** to undergo MRI scan with intravenous administration of gadolinium contrast agent. I have been instructed about the possible occurrence of complications as well as the limited diagnostic value of MRI in case I do not agree to the injection of the contrast. I was given a possibility to express my doubts, I understood instructions given by medical staff, I have no further concerns.

(legible signature of the patient / legal guardian)
(for minor Patients a statement must be signed by a patient and a legal representative)

* delete as appropriate