



OC4501



**MRI PATIENT SCREENING FORM**

Page 1 of 4

ACCOUNT NO.  
MED. REC. NO.  
NAME  
BIRTHDATE

Patient Identification

**PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS BEFORE YOUR MRI**

**Name:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Reason for today's MRI and/or symptoms:

**Section 1**

	Yes	No	Staff int.
<b>Do you have a Cardiac pacemaker and/or pacemaker wires? IF "YES", NOTIFY MRI STAFF IMMEDIATELY</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have an artificial <b>Heart valve</b> ? <i>If yes, please have the product manufacturer ID card ready.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have an <b>Implanted Cardioverter Defibrillator (ICD)</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have <b>Aneurysm clips</b> ? <b>Brain Aneurysm clips</b> <input type="checkbox"/> <b>Aortic Aneurysm clips</b> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date placed: _____ Facility: _____			
Do you have <b>tissue expanders</b> (for breast reconstruction)?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a <b>Stapes implant</b> <input type="checkbox"/> or <b>Cochlear implant</b> <input type="checkbox"/> in your ear?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a <b>Swan-Ganz Catheter</b> currently in place?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you currently have <b>ANY MRI non-compatible EKG leads, EEG leads, O<sup>2</sup> Sensor</b> or other external attachments on your body? <i>If yes, they must be completely removed prior to entering the MRI scanner.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever <b>worked with metal</b> or do you have metal <b>in your eye</b> (i.e. from welding, grinding, metallic shavings, slivers, foreign body, eyelid spring or wire, etc.)? <i>If yes, please notify the MRI tech.</i>	<input type="checkbox"/>	<input type="checkbox"/>	



**IF YOU HAVE ANSWERED "YES" TO ANY OF THE QUESTIONS ABOVE, PLEASE NOTIFY MRI STAFF IMMEDIATELY**



**Section 2**

	Yes	No	Staff int.
Have you ever had any surgeries? Please <b>LIST</b> all surgeries:	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have an <b>implanted drug infusion pump (pain pump, etc.)</b> ? Type:	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have an external <b>TENS unit, insulin pump, or other infusion pump</b> ? Type:	<input type="checkbox"/>	<input type="checkbox"/>	
Are you currently using a <b>bone or spinal cord stimulator</b> ? Type:	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a <b>Vagal Nerve Stimulator (VNS)</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have <b>Deep Brain Stimulator (DBS)</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a shunt? (spinal shunt, glaucoma tube shunt, intraventricular shunt etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
If you have a shunt, is it a <b>programmable</b> shunt? (i.e. programmable intraventricular shunt valve)	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a <b>prosthesis</b> (eye, penile, etc.) or artificial or prosthetic limb? Type:	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a metallic <b>stent, filter, coil, or mesh implant</b> ? Where?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Do you have any other kind of implanted medical object or device (please describe):</b>	<input type="checkbox"/>	<input type="checkbox"/>	

**Section 3**

	Yes	No	Staff int.
Do you have a history of NSF (Nephrogenic Systemic Fibrosis)?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you on dialysis? Hemodialysis <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had an allergic reaction to <b>MRI contrast</b> ? Please Describe:	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any allergies? List allergies:	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had MRI contrast <i>within the last 24 hours</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you currently have any type of central venous access (IV) (i.e. Port-a-Cath, PICC line, Hickman)	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you currently wearing a medication patch (pain, nicotine, nitro, contraceptive)? <b>(Please remove)</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had any problems completing a prior MRI exam (i.e. claustrophobia or pain)?	<input type="checkbox"/>	<input type="checkbox"/>	



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Section 4		Yes	No	Staff int.
Do you have any surgical clips, staples, or metallic sutures?		<input type="checkbox"/>	<input type="checkbox"/>	
Have you had a joint replacement or bone/joint pin, screw, plate, wire, etc?		<input type="checkbox"/>	<input type="checkbox"/>	
Do you currently have radiation seeds (for cancer treatment)?		<input type="checkbox"/>	<input type="checkbox"/>	
Do you have tattoos or permanent makeup?		<input type="checkbox"/>	<input type="checkbox"/>	
Do you have body piercings? <i>(please remove all body piercings)</i>		<input type="checkbox"/>	<input type="checkbox"/>	
Are you currently wearing a wig or toupee? <i>(please remove)</i>		<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a hearing aid, dentures, partial plates, retainer, or braces? <i>(please remove if able)</i>		<input type="checkbox"/>	<input type="checkbox"/>	
Do you have Dental Magnets?		<input type="checkbox"/>	<input type="checkbox"/>	
Do you have <b>any other metal fragments or foreign bodies</b> (bullet, shrapnel, BB, etc.) under your skin?		<input type="checkbox"/>	<input type="checkbox"/>	
Section 5: For Patients of Childbearing Age/Pregnant/Breastfeeding		Yes	No	Staff int.
Are you <b>pregnant</b> or suspect you might be pregnant?		<input type="checkbox"/>	<input type="checkbox"/>	
Are you breastfeeding?		<input type="checkbox"/>	<input type="checkbox"/>	
Are you experiencing late menstrual periods or taking fertility medication?		<input type="checkbox"/>	<input type="checkbox"/>	
Do you have an <b>IUD, diaphragm</b> or <b>pessary</b> ? Type: _____		<input type="checkbox"/>	<input type="checkbox"/>	
Date of last menstrual period: _____/_____/_____		<input type="checkbox"/>	<input type="checkbox"/>	

Signature of person completing this form \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Your relationship to the Patient (circle one): Self / Relative / RN / Physician / MRI Tech / Other \_\_\_\_\_

**SCREENING FORM WILL EXPIRE IN 24 HOURS**

FOR MRI STAFF USE ONLY		Yes	No	Staff int.
Do you have kidney disease, including: Kidney transplant <input type="checkbox"/> a Single kidney <input type="checkbox"/> Kidney cancer <input type="checkbox"/> Kidney surgery <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a history of diabetes mellitus?		<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a history of hypertension (high blood pressure) requiring medication?		<input type="checkbox"/>	<input type="checkbox"/>	
FOR MRI STAFF USE ONLY				
Form information reviewed by: _____		Title: _____		
Verified by: _____		Title: _____		
<b>Verification of MRI non- compatible EKG leads, EEG leads, O2 sensors, pacemakers or other peripheral devices:</b>				
MRI Safety Interview Completed by: _____		Title: _____ (check all that apply) <input type="checkbox"/>		
		Verbal <input type="checkbox"/> Physical <input type="checkbox"/> Visual <input type="checkbox"/>		

HC-IMG-001-FMT Rev. 02072020

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**IMPORTANT: PLEASE READ ALL OF THE FOLLOWING INFORMATION**

**THE MRI MAGNET IS ALWAYS ON**



**If you have a pacemaker or any other implant  
you must tell the MRI staff immediately**

**Some implants, devices, or objects may be hazardous to you  
and/or may interfere with the MRI procedure**

**Do not enter** the MR system room if you have any questions or concerns regarding an implant, device or object. Consult the MRI Technologist **BEFORE** entering the MR room.

You are **required** to wear earplugs or other hearing protection during the MRI scan.

**BEFORE ENTERING THE MRI PROCEDURE AREA, YOU MUST REMOVE ALL METAL OBJECTS**

Wallet, credit cards and any magnetic strip cards. **The magnetic field will erase any cards with magnetic strips.** Purse, belt, watch, money clip, coins, keys, phone, pager, pocketknife, nail clippers. Clothing with metal fasteners and/or threads. Pens, safety pins, hairpins/clips. All jewelry, **body piercings**, eyeglasses, hearing aids, dentures, partial plates. Insulin Pumps or other medication pumps that are on the outside of your body.

**PLEASE BE SURE THAT YOU HAVE EMPTIED EVERYTHING FROM YOUR POCKETS**

A locker is provided to secure your possessions and a technologist will show you where to place your locker key for the duration of test.

**OHSU IS NOT RESPONSIBLE FOR ITEMS LOST OR LEFT IN THE DEPARTMENT OR CARDS WITH MAGNETIC STRIPS THAT WERE ERASED.**

**For Patients Receiving Intravenous (IV) MRI Contrast:**

**Please read the MRI Contrast Medication Guide found on the back of this page.**

**I HAVE READ THE ABOVE INFORMATION – PATIENT INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_**

**MEDICATION GUIDE**  
**DOTAREM® (doh TAH rem)**  
**(gadoterate meglumine)**  
**Injection for intravenous use**

**What is DOTAREM?**

- DOTAREM is a prescription medicine called a gadolinium-based contrast agent (GBCA). DOTAREM, like other GBCAs, is injected into your vein and used with a magnetic resonance imaging (MRI) scanner.
- An MRI exam with a GBCA, including DOTAREM, helps your doctor to see problems better than an MRI exam without a GBCA.
- Your doctor has reviewed your medical records and has determined that you would benefit from using a GBCA with your MRI exam.

**What is the most important information I should know about DOTAREM?**

- DOTAREM contains a metal called gadolinium. Small amounts of gadolinium can stay in your body including the brain, bones, skin and other parts of your body for a long time (several months to years).
- It is not known how gadolinium may affect you, but so far, studies have not found harmful effects in patients with normal kidneys.
- Rarely patients have reported pains, tiredness, and skin, muscle or bone ailments for a long time, but these symptoms have not been directly linked to gadolinium.
- There are different GBCAs that can be used for your MRI exam. The amount of gadolinium that stays in the body is different for different gadolinium medicines. Gadolinium stays in the body more after Omniscan or Optimark than after Eovist, Magnevist or MultiHance. Gadolinium stays in the body the least after Dotarem, Gadavist or ProHance.
- People who get many doses of gadolinium medicines, women who are pregnant and young children may be at increased risk from gadolinium staying in the body.
- Some people with kidney problems who get gadolinium medicines can develop a condition with severe thickening of the skin, muscles and other organs in the body (nephrogenic systemic fibrosis). Your healthcare provider should screen you to see how well your kidneys are working before you receive DOTAREM.

**Do not receive DOTAREM if you have had a severe allergic reaction to DOTAREM.**

**Before receiving DOTAREM, tell your healthcare provider about all your medical conditions, including if you:**

- have had any MRI procedures in the past where you received a GBCA. Your healthcare provider may ask you for more information including the dates of these MRI procedures.
- are pregnant or plan to become pregnant. It is not known if DOTAREM can harm your unborn baby. Talk to your healthcare provider about the possible risks to an unborn baby if a GBCA such as DOTAREM is received during pregnancy.
- have kidney problems, diabetes, or high blood pressure.
- have had an allergic reaction to dyes (contrast agents) including GBCAs.

**What are possible side effects of DOTAREM?**

- **See “What is the most important information I should know about DOTAREM?”**
- **Allergic reactions. DOTAREM can cause allergic reactions that can sometimes be serious. Your healthcare provider will monitor you closely for symptoms of an allergic reaction.**

**The most common side effects of DOTAREM include: nausea, headache, pain, or cold feeling at the injection site, and rash.**

These are not all the possible side effects of DOTAREM.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**General information about the safe and effective uses of DOTAREM.**

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. You can ask your healthcare provider for information about DOTAREM that is written for health professionals.

**What are the ingredients in DOTAREM?**

**Active ingredient: gadoterate meglumine**

**Inactive ingredients: DOTA, water for injection**

Manufactured by: Catalent (pre-filled syringes) and Recipharm (vials) for Guerbet

For more information, go to [www.querbet.com](http://www.querbet.com) or call 1-877-729-6679.

This Medication Guide has been approved by the U.S. Food and Drug Administration.

Rev. 4/2018

**Accompanies OC-4591**