

**St. Charles Imaging Center
558 St. Charles Dr. Suite 111
Thousand Oaks, Ca. 91360
(805) 230-2700 Fax (805) 230-2750**

MRI SCREENING INFORMATION FOR PATIENTS

Please indicate if you have any of the following:

Pacemaker	Yes	No	Artificial Heart Valve	Yes	No
Neuro-stimulator	Yes	No	Aneurysm Clips	Yes	No
Biostimulator	Yes	No	Carotid Clips	Yes	No
Infusion Pump	Yes	No	Aortic Clips	Yes	No
Cardiac Defibrillator	Yes	No	Coronary or other Stents	Yes	No
Insulin Pump	Yes	No	Braces (Extremity or spinal)	Yes	No
Heart monitors	Yes	No	Artificial Body Parts	Yes	No
BiPap Breathing Machine	Yes	No	Wigs/Hairpins	Yes	No
Hearing Aids	Yes	No	Medication Patches	Yes	No
Cochlear Implants	Yes	No	Body Piercing	Yes	No
Electrodes	Yes	No	Dentures or Bridges	Yes	No
Pessary to support the Uterus	Yes	No	Braces/Retainers	Yes	No
Tattooed Makeup	Yes	No	Metal in Eye	Yes	No
Are you Breast Feeding	Yes	No	Any Shrapnel	Yes	No
Are you pregnant?	Yes	No	Harrington Rods	Yes	No

Please indicate if you have any other electronic, metal, or foreign body not listed above:

If you answered yes to any of the questions, please indicate the date and where in the body:

*****WARNING, STRONG MAGNETIC FIELD*****

Please remove all jewelry, body piercings, and objects prior to your MRI exam.

I attest that the above information is correct to the best of my knowledge. Please inform the technologist if you experience any problem of discomfort during the procedure and the test will be stopped.

Patient/Guardian Signature

Date

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Magnetic Resonance Imaging Contrast Consent Form

Gadolinium

Gadolinium is an FDA approved contrast agent for MRI. Gadolinium provides greater contrast between normal tissue and abnormal tissue in the body. Gadolinium is a clear non-radioactive liquid, which is administered to you by intravenous injection. After Gadolinium is injected, it accumulates in the abnormal tissue that may be affecting the body.

Gadolinium is used to improve the sensitivity and specificity of your examination. Gadolinium causes these abnormal areas to become very bright (enhanced) on the MRI. This makes it very easy to see. Gadolinium is then rapidly cleared from the body by the kidneys.

In recent medical literature an association has been made between Gadolinium based contrast and patients with moderate to end-stage kidney disease. In the past there have been few serious reactions to this material. The problems encountered have been mild transient headaches, nausea, localized pain at the site of the injection, hives, and rarely a rash. More severe allergic reactions have been reported, but these are extremely rare.

The literature suggest that in very rare instances, patients with moderate to end-stage kidney disease could be at risk for developing Nephrogenic Systemic Fibrosis/Nephrogenic Fibrosing Dermopathy, therefore, the need for gadolinium based contrast should be carefully assessed for those patients.

I authorize and direct Erik Spayde M.D., Shariar Cohen-Gadol M.D., and/or their associates to administer Gadolinium for MRI scanning. The nature of the injection has been explained to me above.

Patient/Guardian Signature

Date

Please Print Name

Relationship

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Patient Name: _____ Date _____

Date of Birth: _____ Day Phone Number _____

The America Recovery and Reinvestment ACT of 2009 contains the Health Information Technology for Economic and Clinical Health Act (HITECH). This new regulation requires St. Charles Imaging Center to document your health history and communication preferences in an electronic format. These questions must be asked each time you visit our facilities, regardless of your exam or diagnosis. All information will be kept confidential as required by the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

What is your race? (Please ✓ One)

- White/Caucasian Black/African American Hispanic
 Asian Hawaiian/Pacific Islander Other: _____
 Prefer not to answer this question

Do you have a preference in language? (Please ✓ One)

- English Spanish Chinese Other: _____

Are you currently taking any medications? No Yes → If Yes, attach list or indicate below

Medication	Dose	Medication	Dose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you smoke? Yes → If Yes: Some Days Every Day
 No → If No: Former Smoker Prefer not to answer this question.

Do you have any allergies? No Yes → If Yes, what you are allergic to: _____

Would you like to access our Patient Portal to view you health records? If so, please provide us with your e-mail address: _____

Patient Signature

Date