WESTCHESTER MEDICAL CENTER
WORLD-CLASS MEDICINE THAT'S NOT A WORLD AWAY.
VALHALLA, NEW YORK 10595

RADIOLOGY MRI CONTRAST QUESTIONNAIRE

IF NO LABEL: PRINT PATIENT'S LAST, FIRST NAME, MR NO., GENDER, DOB

Name: _____

Address: _____

Phone: Home ( )_____ Work ( )_____

Age: _____ Height: _____ Weight: _____ Sex: M____ F____

Please check if you have or have had any of the following:

- **Kidney Disease** (It is extremely important to let us know about any kidney problems).. □ **Yes** □ **No**
- **Kidney Failure**……..……..……. □ **Yes** □ **No**
- **Diabetes**……..……...……..……. □ **Yes** □ **No**
- **Asthma** ……...……..……. □ **Yes** □ **No**
- **Allergies**…….…..……. □ **Yes** □ **No**
- **Are you Pregnant?** □ **Yes** □ **No** **LMP:_____** **Are you Breastfeeding?** □ **Yes** □ **No**

Your imaging procedure requires the administration of gadolinium (Gd) contrast, which helps the radiologist interpret your examination.

- **Have you ever had an injection of MRI dye/contrast?** …….. □ **Yes** □ **No**
- **Have you ever had, as a result of MRI Gd dye/contrast, any of the following?**
  - **Hives or rash**…… □ **Yes** □ **No**
  - **Itching** ……. □ **Yes** □ **No**
  - **Nausea** ..... □ **Yes** □ **No**
  - **Other reaction _____**
- **When was the last time you time you had an injection of MRI dye/contrast?_____**

MRI Gd dye/contrast is administered by injection though a small needle placed into your vein. During administration of this contrast, you may experience a feeling of coolness which is normal.

Administration of Gd dye/contrast is very safe; however, there is a slight risk of a reaction. Uncommonly (about 1 out of 600) patients experience nausea, vomiting, headache, dizziness, rash, or hives. More serious reactions such as shock are much less common. Very rarely death has occurred.

If you have kidney disease, kidney failure or diabetes, you may have a risk of developing a serious debilitating disease called nephrogenic systemic fibrosis (NSF) from the Gd dye/contrast. Please tell us immediately if you have any kidney disease.

Gd contrast is given to **pregnant patients** only rarely and requires written informed patient consent.

If you have any questions please speak to a staff member who will arrange for you to speak to a physician.

Contrast Questionnaire Completed by:

_____ _____ _____

Print Name (and relationship to patient if not self) Signature Date

Contrast Questionnaire Reviewed by:

_____ _____ MD / PA / RN

Print Name Signature Circle

HC-989-10