**IV Gadolinium Contrast Safety Questionnaire**

**Questionnaire for all patients undergoing intravenous injection during an MRI injection.**

Your referring Consultant has asked us to perform an MRI scan that MAY require you to have an injection of a rare earth metal gadolinium solution called Prohance or Primovist. This contrast agent will show the blood supply to what we are scanning more clearly such as blood vessels and vascular areas of the body. It is important you complete the following questionnaire prior to receiving an injection.

|  |
| --- |
| **Surname: Weight:** **Forenames: Height:****Date of Birth:**  |

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Have you had an x-ray or MRI contrast agent before?If you answered **YES** did the injection cause you any problems?Have you had an injection of MRI contrast agent (dye) within the last 7 days? | **[ ]** **[ ]** **[ ]**  | **[ ]** **[ ]** **[ ]**  |
| Are you diabetic?If you answered **YES** are you taking metformin? | **[ ]** **[ ]**  | **[ ]** **[ ]**  |
| Do you suffer from hayfever?If you answered **YES** do you take regular medication? | **[ ]** **[ ]**  | **[ ]** **[ ]**  |
| Have you suffered any renal (kidney) problems i.e surgery, kidney stones, disease or renal failure?  | **[ ]**  | **[ ]**  |
| Do you suffer from asthma?Do you take regular medication for asthma? | **[ ]** **[ ]**  | **[ ]** **[ ]**  |
| Do you have a history of cardiovascular disease (heart problems)?Do you suffer from high blood pressure? | **[ ]** **[ ]**  | **[ ]** **[ ]**  |
| Have you suffered an allergic reaction before?If you answered **YES** did you have respiratory problems during that episode? | **[ ]** **[ ]**  | **[ ]** **[ ]**  |
| Is there any chance that you might be **pregnant?**Are you currently breast-feeding?  | **[ ]** **[ ]**  | **[ ]** **[ ]**  |

**I have answered the above questions to the best of my knowledge and I agree to undergo the MRI examination and the injection of Gadolinium contrast.**

**A parent/guardian is required to sign this document for an on behalf of patients under 16 years of age.**

**Patient’s signature** ……………………..................  **Date** ……………………….

**MRI staff member’s signature** ……………………. **Date** ……………………….

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**eGFR** ……………………………..  **Date:** ………………………

**Contrast agent details** …………………. **Batch no:** …………………………. **Amount:** …………….. **Exp:** …………..