

**Gadolinium Safety Screening Form (renal and allergy)**

Surname: ..... Forenames: .....

Address: .....

Date of Birth: ..... Telephone Number: .....

Weight: ..... Hospital number: .....

Your specialist has asked us to perform an MRI scan that requires you to have an injection of a contrast agent (gadolinium). This will give more information to the Doctor from this scan. For some patients that have very poor kidney function or suffer severe allergies, this is not always recommended. Therefore it is important that you complete the following questionnaire prior to receiving an injection during your scan.

**If you have answered 'YES' to any of the questions, then please contact the X-ray department BEFORE your appointment.**

- 1. Have you had an x-ray or MRI contrast agent injected before? YES NO
- If you answered YES, did the injection cause you any problems? YES NO

Please describe: .....

- 2. Do you suffer from severe or uncontrolled asthma? YES NO
- 3. Do you suffer from any other allergies? YES NO
- If YES, Did you have respiratory problems during that episode YES NO
- 4. Are you breastfeeding? YES NO
- 5. Is there any chance of you being pregnant? YES NO
- 6. Have you had an injection of another contrast agent (X-ray, CT or MRI) within the last 3 days? YES NO
- 7. Are you diabetic? YES NO
- 8. Have you ever suffered any kidney (renal) problems e.g. any surgery, stones or other kidney disease? YES NO
- 9. Have you ever been told you have protein in your urine? YES NO
- 10. Do you suffer from gout? YES NO
- 11. Do you have high blood pressure? YES NO
- 12. Are you currently waiting for a liver transplant? YES NO
- 13. **Radiographer use only:** Is the patient over 65 years? YES NO

By signing below you acknowledge that your personal details above are correct and that you have answered the questions to the best of your knowledge. The A parent/guardian is required to sign this document for and on behalf of patients under 16 years of age.

**To be signed at the time of the appointment only:** I have had the reasons for this injection and the risks associated with gadolinium injection explained to me by the Radiographer.

Patient / Parent / Guardian signature: ..... DATE: .....

Radiographer signature..... DATE: .....

**Please scan a copy of this form into the patients electronic record**