

MRI Contrast Questionnaire

A creatinine blood screening will be done on all patients with the following conditions to assess adequate renal function. Please answer the following questions to aide in assessing your risk.

1. Are you a diabetic? Yes or No

Are you on any medication for this condition? Yes or No

If yes, please list the name of the medication _____

2. Do you have high blood pressure? Yes or No

Are you on any medications for this condition? Yes or No

If yes, please list the name of the medication _____

3. Have you ever been diagnosed with any form of cancer? Yes or No

If yes, please list type of cancer _____

Did you receive chemo or radiation therapy? Yes or No

4. Have you ever been diagnosed with kidney disease? Yes or No

Have you had any kidney surgery or dialysis? Yes or No

If yes to either, please explain _____

Patient Signature: _____

Date: _____