

Today's Date _____ Name _____

Your MRI examination today may involve the use of an MRI contrast agent. For your safety, the following must be determined *before* the administration of the contrast agent, which will happen during your MRI scan. Please place a check under the appropriate column for each of the items listed below, and provide any further information where indicated.

Contrast Allergy Questionnaire & Choyke Scale	Yes	No
1. Have you received an injection of contrast in the past for an MRI scan? If yes, was it in the last 4 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____		
2. Have you ever had trouble getting an IV put in?		
3. Do you have allergies or sensitivities to any foods, medications, contrast agents, or any other allergies? Please List:		
4. Have you ever been told you have kidney/renal problems or have you had kidney surgery?		
5. Have you ever been told you have protein in your urine?		
6. Do you have high blood pressure?		
7. Do you have diabetes? If yes, are you on insulin? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Do you have gout?		
9. Are you on dialysis? If yes, please indicate how often: _____		
10. Are you currently taking the drug Hydroxyurea?		
11. Have you had a recent change in your health such as a hospitalization or newly diagnosed problem? If yes, what happened and when did it happen?		

ADMINISTRATIVE USE ONLY:

Study Name: _____

Creatinine (mg/dL):	eGFR:	IV Access Team Called?	IV Site	Gauge:	Tech ID:
		Yes / No			