

MRI Visit: Physician Questionnaire

Patient Study ID _____

Date of MRI Scan _____ (MM/DD/YYYY)

1. Type of MRI:
- Perfusion MRI
 - Non-Perfusion MRI → Reason for Non-Perfusion: _____

2. Reason for MRI:
- Initial Assessment
 - Repeat Assessment to assess perfusion for repeat drilling
 - Repeat Assessment to investigate pain
 - Repeat Assessment for other reason, please describe: _____

3. Did the patient complete the MRI scan?
- Yes
 - No, please explain: _____

4. Make of MRI Scanner:

- GE
- Siemens
- Philips
- Canon/Toshiba

5. Magnet Strength:

- 1.5T
- 3T
- >3T

6. Type of Gadolinium used:

- | | | |
|--|----------------------------------|------------------------------------|
| <input type="radio"/> Ablavar or Vasovist | <input type="radio"/> Magnevist | <input type="radio"/> Primovist |
| <input type="radio"/> Dotarem | <input type="radio"/> Multihance | <input type="radio"/> Prohance |
| <input type="radio"/> Eovist | <input type="radio"/> Omniscan | <input type="radio"/> Other: _____ |
| <input type="radio"/> Gadavist or Gadovist | <input type="radio"/> Optimark | |

7. Did the patient require any of the following? *Check all that apply.*

- None
- General Anesthesia
- Sedation
- Video Goggles or Headphones
- Other: _____

8. Did the child experience any of the following complications or difficulties during the MRI scan? *Check all that apply.*

- Child unable to lay still
- Complications with sedation/anesthesia
- Difficult IV access
- Minor allergic reaction with Gadolinium (e.g. – itching, rash, hives)
- Major systemic allergic reaction to Gadolinium (e.g.- anaphylactic reaction)
- Nausea or Vomiting
- Systemic Complication
- Unplanned admission
- Other: _____
- None

9. Treating provider's estimate of hypoperfusion: *Please provide one number:* _____ %

10. Has MRI been sent to Texas Scottish Rite Hospital? Yes No, please explain: _____

END OF PHYSICIAN QUESTIONNAIRE