

Health Record #: _____	Complete or place barcoded patient label here
Patient Name: <i>(Print first, last)</i> _____	
DOB: <u>dd</u> / <u>mm</u> / <u>yy</u>	Age: _____ <input type="checkbox"/> Female <input type="checkbox"/> Male
OHIP #: _____	Version Code: _____
Account #: _____	Date of Admission: <u>dd</u> / <u>mm</u> / <u>yy</u>

## MR Enterography Screening Form

<b>Part A: MRT(MR) to ask the following questions:</b>	<b>YES</b>	<b>NO</b>
Do you have any form of heart rhythm disturbance or palpitation for which you are taking medication?		
Is there any chance of pregnancy?		
Are you breastfeeding?		
Have you been diagnosed with a tumour of the adrenal gland (pheochromocytoma, insulinoma, or glucagonoma)?		
Are you diabetic?		
Do you have an allergy to Glucagon?		

**Absolute Contraindications:**

- Tumour of the adrenal gland
- Allergy to Glucagon

**Precautions: Consult with a radiologist**

- On medication for heart condition
- Diabetic
- Pregnancy

<b>Part B: Enterography Questionnaire for MRI</b>	<b>YES</b>	<b>NO</b>
Have you had a CT to assess your bowel?	When/where?	
Have you had a MRI to assess your bowel?	When/where?	
When was your last colonoscopy?	When/where?	
Have you had loops of bowel removed?		
Are you taking medication for Crohn's disease?		
When was your last Crohn's attack?		

**Technologist:** *(print first, last)* \_\_\_\_\_ **Date:** dd / mm / yy

**Part C: Bowel Preparation and Administration of Glucagon**

The patient will receive 1.0 L of PEG Electrolytes mixture (1 package mixed in 1L of water).  
The patient will drink two 500 ml cups over 1 hour.

PEG Electrolytes mixture given by: \_\_\_\_\_ at \_\_\_\_\_.

Anti-peristaltic Medication:

Glucagon 1mg IM given by: \_\_\_\_\_ at \_\_\_\_\_.

