

Before You Sign That Consent Form: The MRI Questions No One Hands You

The questions to ask, the risks to weigh, and what to get in writing, so you walk into your MRI knowing exactly what you want to know. With or without contrast.

The Food Phoenix.
Nourished and Flourishing.

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Introduction

You're holding this because a scan is on the table, and something in you wants to slow down before you sign the form. Maybe the appointment's next week. Maybe you're just the sort of person who reads the label before swallowing the pill. Either way, good. That instinct is worth listening to.

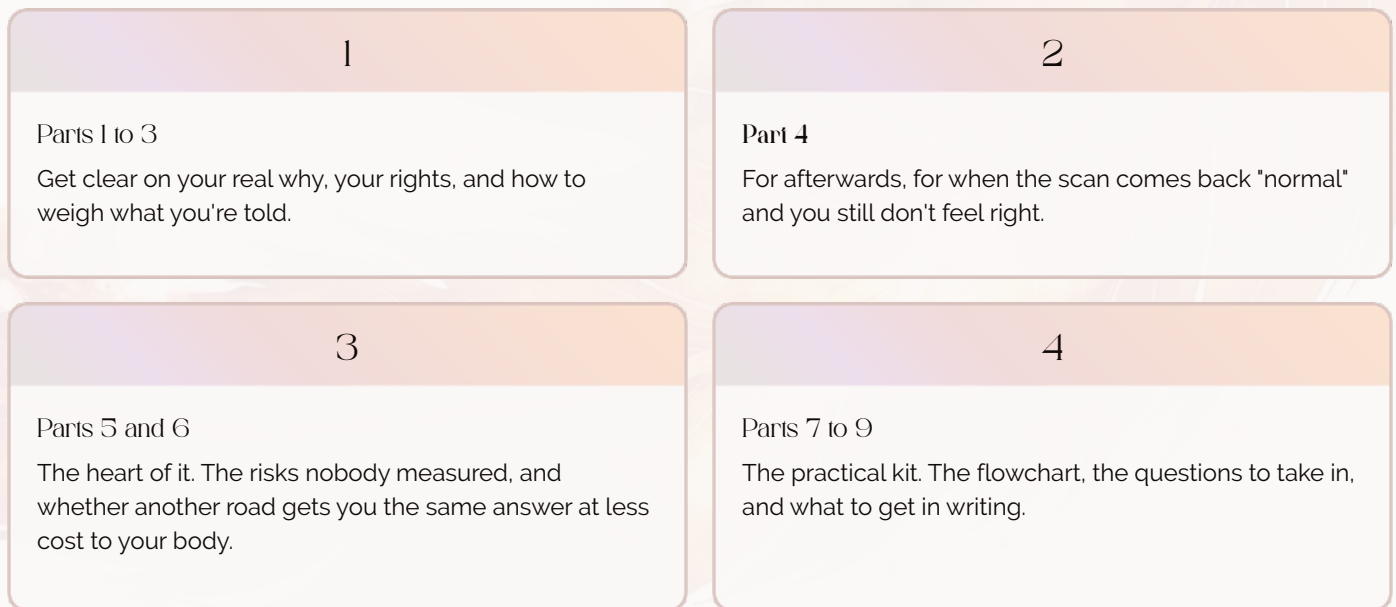
Informed consent is meant to be a conversation, not a signature you give on a clipboard while half-undressed and anxious. It's your right to understand what a scan can do for you, what it can't, what it might cost you, and whether there's another road to the same answer. This workbook walks you through that, question by question, so you can walk into the room knowing what you actually want to know.

There are no right or wrong answers here, only yours. Write in it. Argue with it. Take it to your appointment. It's a tool for thinking clearly, at a moment when clear thinking is hard to come by.

A word before we start. There are two ways to get a decision like this wrong, and this guide takes both seriously. One is saying yes to something you didn't need, and carrying the cost for years. The other is saying no, out of fear, to something that could genuinely have helped you. The aim here isn't to talk you out of a scan, or into one. It's to help you make the call that's right for you, with your eyes open.

How to Use This Workbook

You don't have to read it cover to cover, or all in one sitting. Here's the shape of it, so you can go straight to what you need:



Wherever you start, the aim is the same: by the last page, you'll know what you actually want from this scan, what to ask for, and what to get written down. Whatever you choose, it'll be a decision, not a default you were swept into.

Before you begin. You can't make a clear-headed decision from inside a stress response. If your heart's racing, take ninety seconds with *The go-Second Reset* that comes alongside this workbook, then turn the page. This is no decision to make from a place of fear.

Why I Wrote This (and Why You Should Be a Little Suspicious of Me, Too)

You should weigh the source of everything you read, including this. So let me tell you where it comes from.

I first wrote this for my own paying clients, after eight years of hearing the same story over and over. People who'd had a contrast they turned out never to need. Who'd felt a small voice saying don't, and overrode it. Who were never really given informed consent. Who were told they'd "pee it all out in forty-eight hours," that reactions only happen to people with dodgy kidneys or allergies, that a drop more water would flush it through. None of which is true. People who lost careers, savings and years to symptoms that flared or appeared, as if from nowhere, after a scan, and who spent a fortune chasing answers long before they ever found me.

In the [patient survey I co-authored](#), of 316 people with normal kidneys who'd had a contrast MRI, only 56 had ever signed a form that so much as named the drug going into their veins. Fifty-six out of three hundred and sixteen. Closing that gap, for you, is the whole point of this workbook.

So yes, I have a point of view, and you should know it. The awkward part is this: writing it honestly is bad for business. Every person I help avoid a scan they never needed is a person who never becomes my client. I'd genuinely rather specialise in something less harrowing and a good deal more profitable. I do it because I'd rather not watch another life come apart this way.

If you're frightened and being hurried, some of this may read as scaremongering, or as a woman with an agenda. Fair enough, be suspicious. But every point in here came from real people telling me the same thing for the better part of a decade, not from a theory I'm attached to. Take what's useful. Leave what isn't. And if part of you is bristling because you're not ready to hear it yet, that's completely alright. Keep this somewhere safe, and know where to find me if you ever need to come back to it.

Part 1: Before You Consent, Get Clear on Your Why

Start with Your Why

Before the risks and the benefits, start somewhere simpler: why this scan, and why now?

It sounds obvious. It rarely is. A lot of us end up booked in for a scan because it's the next thing on a conveyor belt nobody stopped to question. So, ask the awkward one first, and keep asking it until you reach something solid.

Why do I want this MRI? And if I answer that, why does that matter?

(Keep going until you hit the real reason.)

For example. "I want the scan." Why? "To find out if these headaches are something serious." Stay with that word, serious. What are you actually picturing? Most of us aren't picturing a line on a report. We're picturing the worst scene we can run: the doctor's face changing, the phone call we'd have to make, our children growing up with a gap where we used to be. That's the real freight this scan is carrying, and it's worth admitting to yourself, because it's driving more than you think.

So ask the next bit honestly. If it is serious, what do you actually want? "To have caught it early enough to do something about it." And if it isn't? Notice the relief first. Then notice what's underneath the relief: you want to stop lying awake. You want permission to put the fear down and stop chasing it from one appointment to the next.

So the real why was never "a scan." It's two things a scan only sometimes delivers: the chance to act in time, and the chance to stop being afraid. Now you've got something solid to hold it up against. Will this actually let me act sooner, or just hand me more pictures? And will a clear result truly switch the fear off, or will I be back here in three months hunting the next thing to rule out? Those questions have answers. "I want the scan" doesn't.

What am I actually hoping to find out? What would change if I knew it?

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What Are You Really Hoping to Get Out of It?

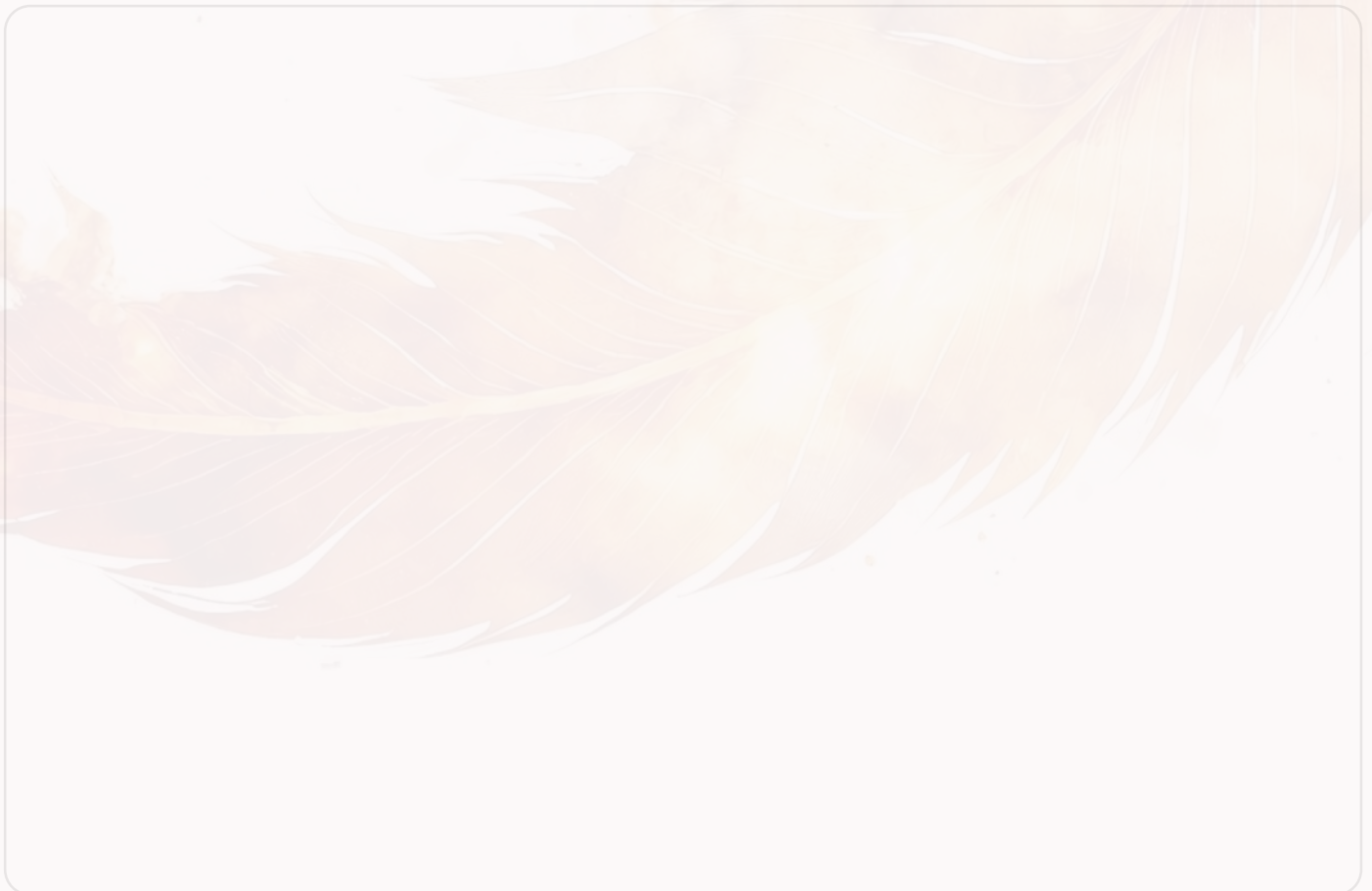
A scan is a means, not an end. The end is something in your life you want to protect or get back. It helps to name that plainly, because it's the yardstick you'll measure everything else against.

Some of what people hope for:

- More years, and better ones. Catching something while it's still small and manageable.
- Less pain, more energy, the daily stuff that makes a life feel like yours again.
- Time with the people who matter, doing the things you'd grieve losing.
- An answer. Sometimes the relief of ruling something out is the whole point.
- Keeping an eye on a condition you already know about, to see how it's changing.
- Avoiding something more invasive, like a biopsy or exploratory surgery.
- A baseline now, to measure against later, or access to a particular treatment or trial.

All of that is legitimate. But hold it lightly. The real test is this: Will this scan actually move you closer to it? A clear image isn't the same as a better life. If you can draw a straight line from the scan to something you genuinely care about, that's worth knowing. If you can't, that's worth knowing too.

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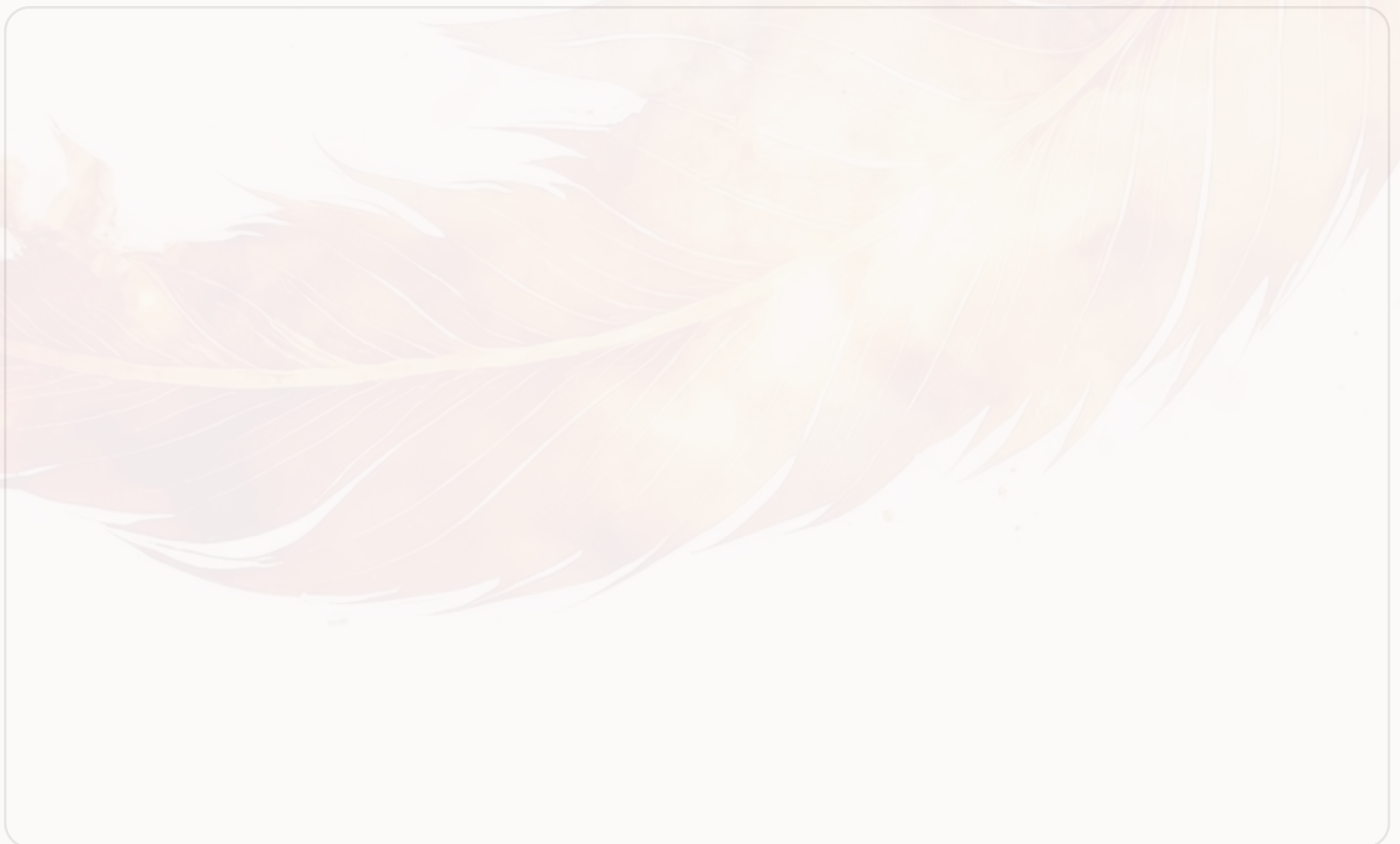
Be Honest About Where You Are Now

Before you can judge whether a scan will help, you have to be honest about what you're actually living with. Not the "fine, thanks" you give at the school gate. The real version. The morning you sat in the car for ten minutes before you could face going in. The word that wouldn't come, again, in the middle of a sentence. The plans you cancelled, and the bright face you put on to cover it. Start there. Then ask what you're really hoping changes.

- Physically, what does an ordinary day cost you? What can't you do now that you used to?
- In your head, how are your concentration, your memory, the fog? Any other cognitive issues you're experiencing?
- Emotionally, what are you carrying? The fear, the grief, the frustration, the bracing for bad news?
- With the people around you, what has this taken? From your work, your relationships, the things you used to say yes to?
- What in your life is on hold until you sort out your current health challenges?
- If you woke tomorrow and this was lifted, what would come back first? That's the transformation you're really after.

Now the crunch question: how, exactly, do you expect this scan to move you toward that? Walk it through, step by step. Scan, then what, then what? If you can't trace the path, that's not a failing in you. It's the most useful thing you'll learn today.

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The Story You're Being Told, and the Bits Nobody Said Out Loud

There's a move worth catching yourself doing, because we all do it. You're handed a tidy story; it sounds sensible, and you quietly fill in the rest yourself, assuming all the parts nobody actually mentioned.

Take a real example. Someone with a brain tumour is told the contrast lets the surgeon see the edges more clearly, so the Gamma Knife can be aimed more precisely and spare more healthy brain. High-tech, careful, obviously a good thing. A no-brainer, if you'll forgive the pun.

But look at everything that story quietly assumes, none of it said out loud:

- that the contrast itself does no harm.
- that it won't cause any disability that reduces, cancels out, or even outweighs the benefit of those finer edges.
- that it won't raise the risk of the tumour coming back later. A fair question to ask of a substance we know can cause mitochondrial dysfunction.
- that another scan (a non-contrast MRI, a PET-CT, a CT scan, a contrast-enhanced ultrasound, or even a plain ultrasound) wouldn't have given the surgeon much the same picture anyway.

None of those is paranoid. Each one is just a missing piece of the story, and every one of them is a question with a real research answer you can go looking for.

The harms that surface months or years later are the easiest of all to miss, because by then nobody's looking at the contrast any more. A second, unrelated cancer. Myeloma, which is a question serious enough that it deserves to be asked rather than waved away. New autoimmune disease. The slow slide into a chronic degenerative illness. And underneath all of it, the quiet tax: each new symptom earns its own prescription.

This is the habit to take into the room with any scan, not just this one:

What is this story assuming that nobody's actually said? And has anyone measured it, or are we just hoping?

A few stories worth being suspicious of:

- **"Better safe than sorry, let's just scan."** Assumes finding more is always better. It often isn't. Scans turn up harmless oddities (incidentalomas) that lead to more tests, more worry, more expense, and sometimes more harm than the thing you were looking for.
- **"You need the contrast to see properly."** Assumes a clearer picture changes what's actually done to you, and the outcome, rather than just the image. Often, the management is identical either way.
- **"It's flushed out within a day, so it's safe."** Two leaps hidden in one short sentence. First, that leaving your bloodstream means leaving your body, when some of it lodges in bone and tissue for years. Second, and the bigger one, that the harm depends on how much stays and for how long. It may not. The exposure can act like kindling: it starts a fire that then keeps burning on its own, long after the spark itself is gone. So "it's cleared" is not the same as "you're fine."

None of this is about refusing scans or distrusting everyone in a white coat. It's about not letting a smooth phrase be the last word on a decision you'll live with for years, maybe decades. The current wants you to nod along, to take the platitude as if it settles things. Learning to think against that current is a skill, and it matters most exactly when the stakes are highest, and you're most frightened. You don't want to be a little paper boat bobbing along while the storm is being steered by people who profit from your yes.

What Is My Scan's Story Quietly Assuming?

Which of those assumptions could I actually look up, or ask my doctor to show me the evidence for?

Part 2: Your Rights, and What to Do If You're Pushed

Consent Only Means Something If It's Freely Given

That word "freely" does a lot of quiet work, and it's where things go wrong.

A valid yes needs four things: you have the capacity to decide, you've been told what you need to know, you understand it, and nobody's pressured you. Every one of them can quietly fail.

Take the second one. Being told what you need to know sounds straightforward, and it's where most of us assume we're safe. We aren't. Real disclosure isn't only hearing what they say. It's noticing what they don't: the benefit the story implies, but no study actually shows; the disappointing result that went unpublished because it spoiled the narrative; the trial that was never run; the figures massaged with the wrong method until they behaved. There are lies, damned lies, and statistics, and a frightened patient is rarely handed the means to tell them apart. So, part of being properly informed is learning to listen to the silence, to the absences between the words.

Pressure is real, and it's allowed to bother you. Being rushed in a waiting room. "The doctor knows best." A relative who means well. And the sharp one: contrast or nothing, delivered as though it's the only option, sometimes without good evidence the contrast will make a button of difference to anything that matters. Pressure doesn't make a decision yours. It makes it theirs. And the ugliest version: some patients tell me their doctor has threatened to stop treating them, to "fire" them as a patient, unless they agree. A decision made under that kind of threat is not consent at all.

If you feel pushed:

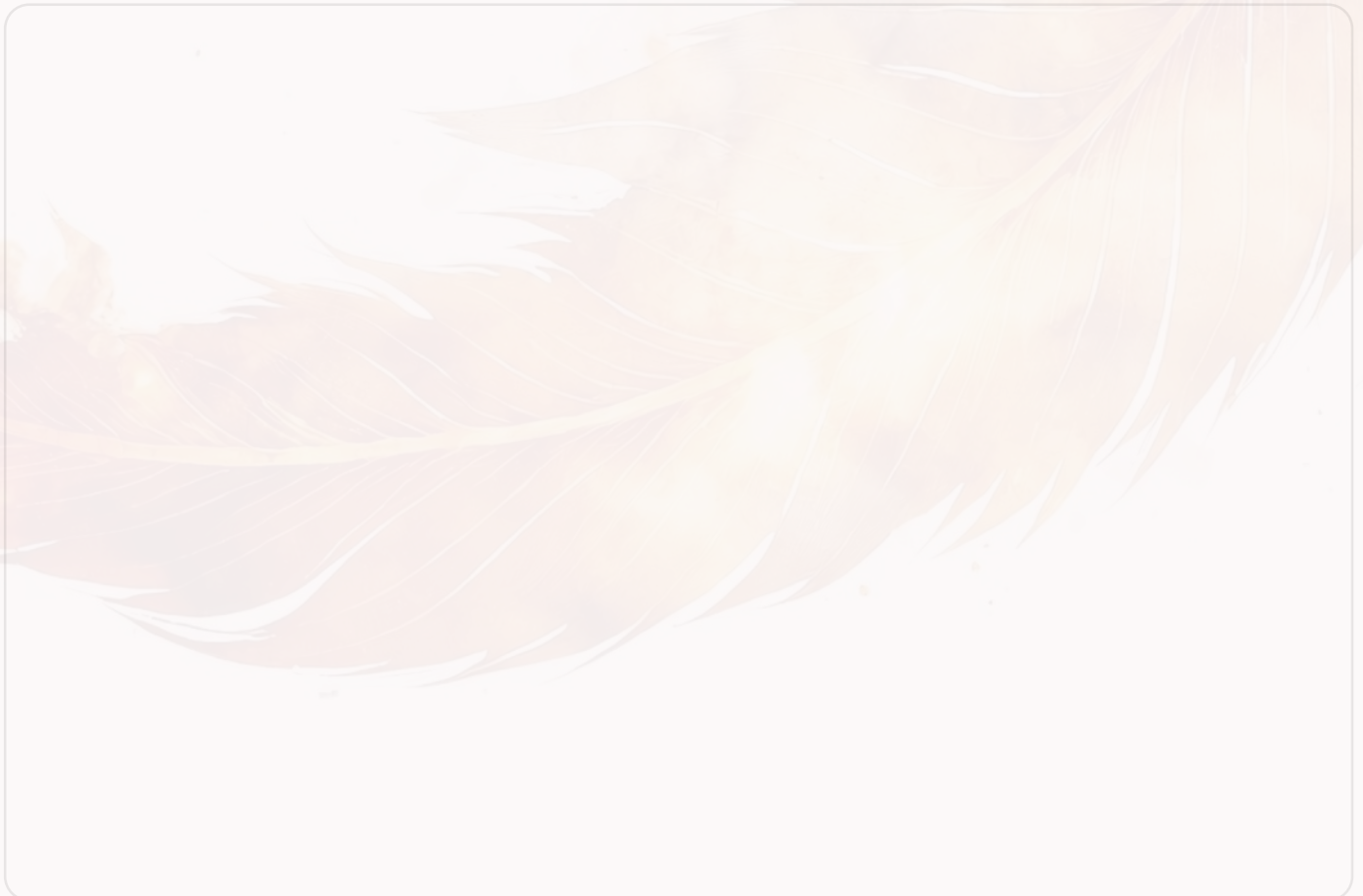
- **"No" is a complete sentence.** You don't owe anyone a justification for taking your time or declining. "I'm not ready to decide today" needs no defence. There's a whole lesson on saying "No" in module 2 of my Ancient Body, Modern World programme.
- **Ask for it in writing.** "Please note in my records that you've recommended contrast, and that I've asked what the alternatives are." Pressure softens when it has to be written down.
- **Name the choice back to them.** "Are you saying it's contrast or no scan at all? Can you show me the evidence that the contrast changes the outcome in my case?" A fair question, calmly asked, is hard to brush off.
- **Bring someone, or find an advocate.** A friend in the room changes the dynamic. For bigger decisions, patient advocacy services exist for exactly this. You don't have to do it alone.

Other rights worth knowing before you walk in:

- You can withdraw consent at any time, even after you've signed, even partway through. It's ongoing, not a one-off signature.
- You can give partial consent: yes to the scan, no to the contrast. They're separate decisions.
- You're entitled to the risks that matter to you, not only the ones routinely recited.
- If you don't understand it, it isn't informed. Ask for plain English, an interpreter, time, or a written summary.
- Ask for the patient information leaflet for the contrast agent, by name. In some places, they only hand it over if you ask for it. Sit with how strange that is for a moment.
- Doing nothing, or watchful waiting, is a real option, with its own pros and cons.
- Saying no shouldn't cost you your care. Your treatment options shouldn't be made contingent on you consenting to this, or to anything else, unless declining genuinely puts you in danger.
- If you're deciding for someone who can't decide for themselves (a child, or someone who lacks capacity), the same spirit holds: you're putting their needs and their own values first, not making life easier for the system.

Where am I feeling pushed, and what will I say or ask?

(Space to write:)



Part 3: When They Tell You "There's No Evidence for That"

This phrase deserves its own warning, because it gets used to close conversations that should stay open.

"There's no evidence" almost always means *no one has measured it*, not *it's been measured, and it's safe*. Those are completely different things. Absence of evidence is not evidence of absence.

Take the line you'll hear most, that contrast "saves lives." You'll hear "countless lives saved" and "millions have benefited." What you won't easily find is a single study that actually shows lives saved, or one that even measures the kinds of benefit you'd care about. The claim gets repeated, not demonstrated. Keep this chain in your head:

A change in the image is not a change in the diagnosis. A change in diagnosis is not a change in treatment. A change in treatment is not a change in outcome. Each step needs its own evidence.

Contrast can make a picture look different. Whether that changes what's actually done to you, and whether that changes how you end up, are separate questions that often go unasked. And the fair comparison is rarely "scan or no scan." It's contrast against a good non-contrast scan of equal quality.

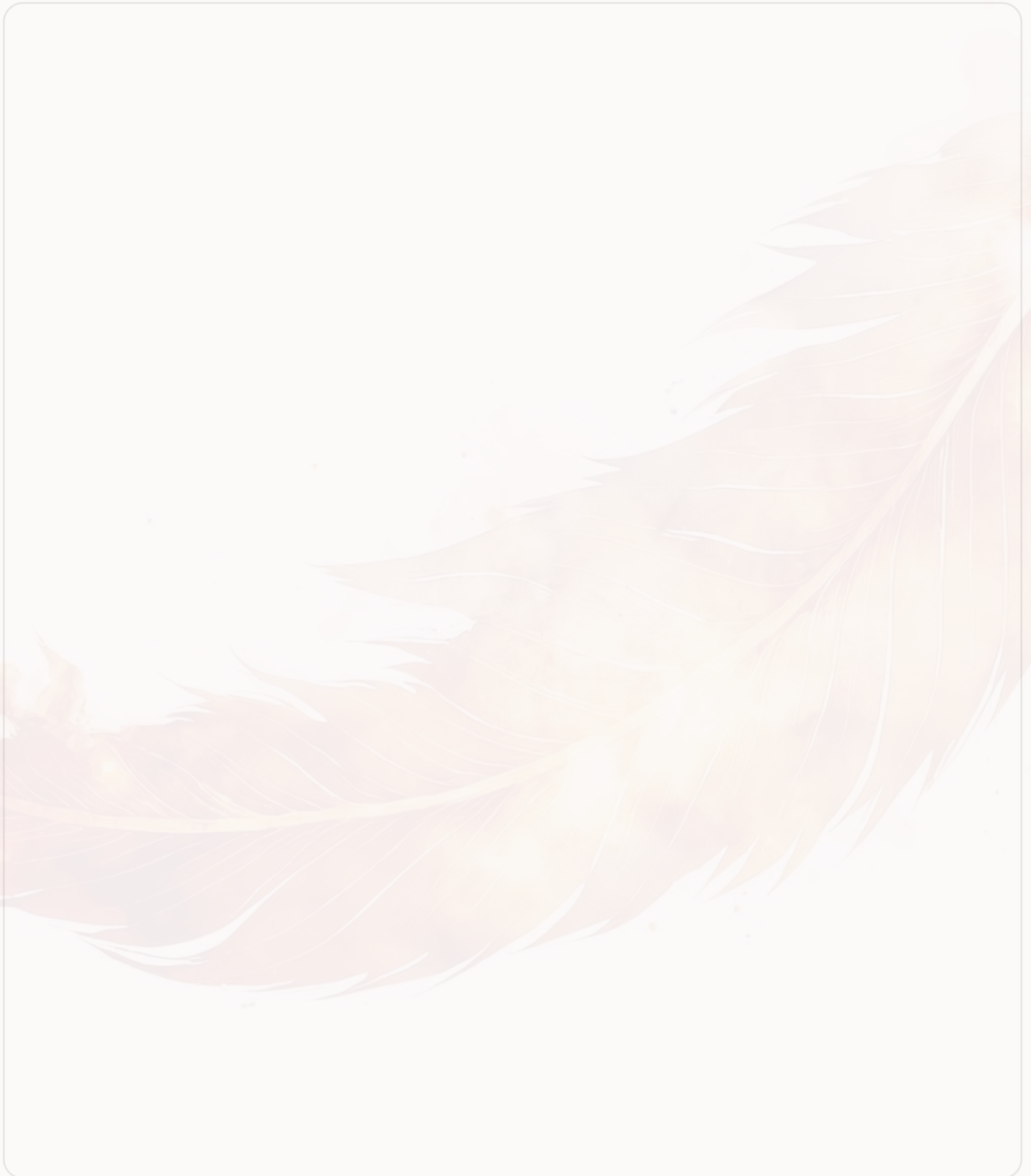
You don't have to wade through the jargon to use this. When someone says "the evidence supports it," ask one thing: helps with *what*, that I'd actually notice in my own life, and compared to what? There's a short companion guide, **Call Their Bluff: How to Read Medical Evidence Without a Medical Degree**, with a plain-English glossary and a checklist of what a study would have to measure to truly count, including the names of the real tests to look for. Get it alongside this workbook.

There's a deeper unfairness here, worth naming so you don't take it personally:

- Your account of your own body can get discounted before it's even heard, especially if you're a woman, or exhausted, or have been labelled "anxious." That's a known bias with a name, testimonial injustice, not a flaw in you. Ask for any disagreement to be written into your notes.
- Sometimes there isn't yet an agreed name for what's happening to you. That makes it hard to be believed, but the absence of a label is not the absence of a problem.
- And the research itself isn't a level field. Much of it is hard to get hold of, written in language that keeps you out, and a good deal is funded and shaped by the companies selling the product. I've taken some of these studies apart myself and found errors that experienced doctors and researchers had read straight past. So "the evidence says" is fair to question, not a wall to fall silent in front of. Ask who paid for it. Ask to see it in plain English.

What am I being told is “settled” that I’d like to see the actual evidence for?

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Where to Look, and How to Read It

You don't have to take any one person's word for it. There's more than one place to learn, as long as you weigh each one critically:

- Patient groups and support communities, for lived experience and the questions worth asking.
- Independent research (PubMed and the like), favouring work that isn't funded by the people selling the product.
- Watchdogs, investigative journalists, and science communicators who dig into industry influence.
- Practitioners outside conventional medicine, who sometimes ask the questions allopathic medicine doesn't.
- Lawyers who specialise in medical injury, who often know the harms before the literature admits them.
- Large language models, to gather and translate quickly as a starting point, never as the last word, and always checked against a credible source.
- My own work, for what it's worth: I write up the gadolinium research, our [patient survey](#), and the mechanism at thefoodphoenix.com. The same rule applies, check me against the sources too.

Two habits make the difference: ask who funded it, and ask for it in plain English.

Part 4: When the Scan Comes Back “Normal”

This is the part nobody warns you about, and it's the part I most want you to read. Even if your scan hasn't happened yet, read it before you pin your hopes on a clear result, because a "normal" scan reassures far less than most people expect.

You go in worried. The scan finds nothing structural. And instead of relief, you walk out with a new label: *functional neurological disorder. Health anxiety. Medically unexplained symptoms.* The words sound clinical and final. What they often mean, underneath, is "we looked at the thing we know how to look at, and it was fine, so the problem must be you."

One of those labels deserves special scrutiny: *functional neurological disorder*, or FND. It's often handed over as if it simply means "the scans were clear, so it must be functional." It shouldn't. A proper FND diagnosis isn't a shrug at the end of a normal scan. It's a *positive* diagnosis, made on specific neurological signs a doctor has to actively examine for and find, things like Hoover's sign, or a tremor that changes when your attention is drawn elsewhere. No positive signs, no sound diagnosis. So if you're handed an FND or "functional" label, you're entitled to ask how they got there (there's a line for exactly that in the checklist below). You can read what those signs actually are at neurosymptoms.org. Plenty of good doctors, short of time and reaching for the nearest explanation, never do that exam and arrive at "functional" by default. That's their gap to close, not your failing to carry.

An MRI is brilliant at what it does, and blind to most of what it doesn't. It sees structure. It does not see your metabolism, your nutritional status, the toxic load you might be carrying, the food your body has turned against, or the quiet autoimmune fire that doesn't show up as a lump. A normal scan rules out a short list. It does not rule out *you being genuinely, measurably unwell*. None of this means stress can't cause illness. It can. But stress and real illness usually coexist.

So if you feel like you're falling apart and the scan says you're fine, you are unlikely to be imagining it, and you are not the problem. You've simply been measured with the wrong instrument.

If that's you, you don't have to work it out on your own. My free [Comprehensive Health Assessment](#) is a place to be properly heard and to start making sense of things, with someone who reads this research for a living and has been the frightened person on the table too. No cost, no pressure, just an honest conversation, whenever you're ready.

Before you accept a psychological explanation for a physical problem, consider asking for:

- A written note of what the scan was actually looking for, and what it can and cannot rule out.
- Which specific conditions were being looked for, and whether the scan type and settings were even right for them.
- Any areas that couldn't be seen clearly, and any limits on the image quality.
- The qualifications of whoever interpreted the scan.
- If you've been given a "functional" or FND label, which specific positive neurological signs were found to support it, and what examination was done to find them. A clear scan on its own is not an FND diagnosis.
- Comprehensive metabolic testing before "anxiety" goes in your notes, plus a written explanation of how other causes (metabolic, toxic, nutritional, autoimmune) were ruled out rather than assumed away.
- Whether any medication you're already on could be causing or worsening your symptoms, with the question and its answer noted. It's an uncomfortable thing for a prescriber to weigh, which is part of why it so rarely gets asked.
- Copies of all your radiology reports, a record of any test or referral you asked for and didn't get, and a note of any disagreement you have with a diagnosis.

Why this matters: once a psychological label is in your notes, it doesn't stay on the page. It follows you into your records, and the next doctor reads it before they read you. Future symptoms can get filed under it, referrals get harder, and even insurance can be affected. Getting the facts documented now protects you later, when you're not in the room to argue your case.

What do I want documented, in writing, before I leave?

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Part 5: The Risks They List, and the Ones Nobody's Measured

First, the Simplest Safety Check: Is an MRI Safe for You at All?

Before any of the contrast questions, the scanner's powerful magnet makes one thing non-negotiable. Make sure the scan isn't contraindicated for you, and that the room is safe:

- **Tell them about any metal inside you.** Implants, plates, screws, clips, pins, pacemakers and other devices, and any history of metal in the eye or body. Welders, metalworkers, and anyone with a shrapnel or metal-fragment history, especially. Some implants are MRI-safe, and some are not. Don't assume, and don't let them assume either.
- **A retained metal fragment can move or heat in the scanner.** If there's any chance you have one, say so, and ask whether you need an X-ray to check first.
- **Nothing metal goes into the room.** Not on or in you, and not on or in anyone going in with you. Jewellery, piercings, watches, hairclips, coins, belt buckles, underwired bras, all of it stays out. The magnet is always on, even between scans.

The General Risks of Any MRI

- **Claustrophobia.** The tube is narrow, and the scan isn't quick. If small spaces frighten you, say so beforehand.
- **Noise.** It's genuinely loud. Ask what they'll give you for your ears.
- **Time and money.** A real cost, in hours and sometimes in £. Worth weighing honestly.
- **Burns.** Even without contrast, scans can cause burns, especially with tattoos, certain implants, or monitoring devices.
- **Finding things that were never the problem.** Most of us walk around with harmless quirks in our anatomy. A scan can spot one, and suddenly you're on a conveyor belt of follow-up tests and worry for something that would never have troubled you. Ask: if they find an incidental something, what happens next, and is that path itself risky?
- **Treatment you might not have chosen.** A finding can lead to an intervention that sounds urgent but doesn't actually lengthen or improve your life. Ask what the evidence says the treatment changes, not just what it targets.
- **Overdiagnosis.** Catching something early isn't always a win. Some conditions found early are so slow-moving they'd never have harmed you, yet finding them can tip you into aggressive treatment that does. Prostate screening and mammography are debated for exactly this reason: the evidence doesn't clearly show they extend life, but they do expose some people to invasive treatment for things that would never have surfaced.

The Contrast Itself: Gadolinium

This is where the lens matters most, because the reassurance is smoothest here.

What's documented:

- **Immediate reactions:** nausea, headaches, pain at the injection site, and, in some cases, severe allergic reactions.
- **Long-term retention, and the myth that it's gone in a day.** You'll likely be told it clears within a day or two, often "you'll pee it all out in forty-eight hours." You won't, and the research is clear on that. Some of it lodges in bone and tissue, including the brain. Gadolinium has been found in human bone fourteen years after a single dose, and in other tissues longer still.
- **Nephrogenic systemic fibrosis** in people with kidney problems.
- **Reacting again.** People who've had a bad response to contrast can experience symptoms even during later non-contrast scans.

In the patient survey I co-authored, severe reactions often began hours to weeks after the scan, once people had already left the department. That delay is a big part of why these harms get missed, and why they get blamed on anything but the contrast. And remember the consent gap I mentioned at the start: most of these people were never even handed a form that named the drug going into their veins.

And the harm may not be a simple matter of how much gadolinium stays, or for how long. The most convincing picture I've found is that the exposure acts as a seed: it can set off a self-sustaining cascade that keeps running even once the gadolinium itself is hard to find. This is the same mechanism that x-rays and gamma radiation cause harm long after they've passed through you. If that's right, a reassuring "it's all cleared" tells you far less than it sounds. I lay out the full mechanism in [my ATTRACT theory piece on why you can feel terrible with normal bloods](#), and there's a deep-dive module on it in my Ancient Body, Modern World programme. A more extensive story of gadolinium, if you want it, is in my book, [Contrasts: More than meets the MRI](#).

You may also be reassured that reactions only happen to people with kidney problems or known allergies, so if you don't tick those boxes, you're safe. That isn't what patients tell me. In our survey, the majority of those with severe, lasting reactions had normal kidneys, no relevant allergy, and often only one dose. And the newer "safer" macrocyclic agents were no gentler: they triggered severe reactions too, often after that single dose.

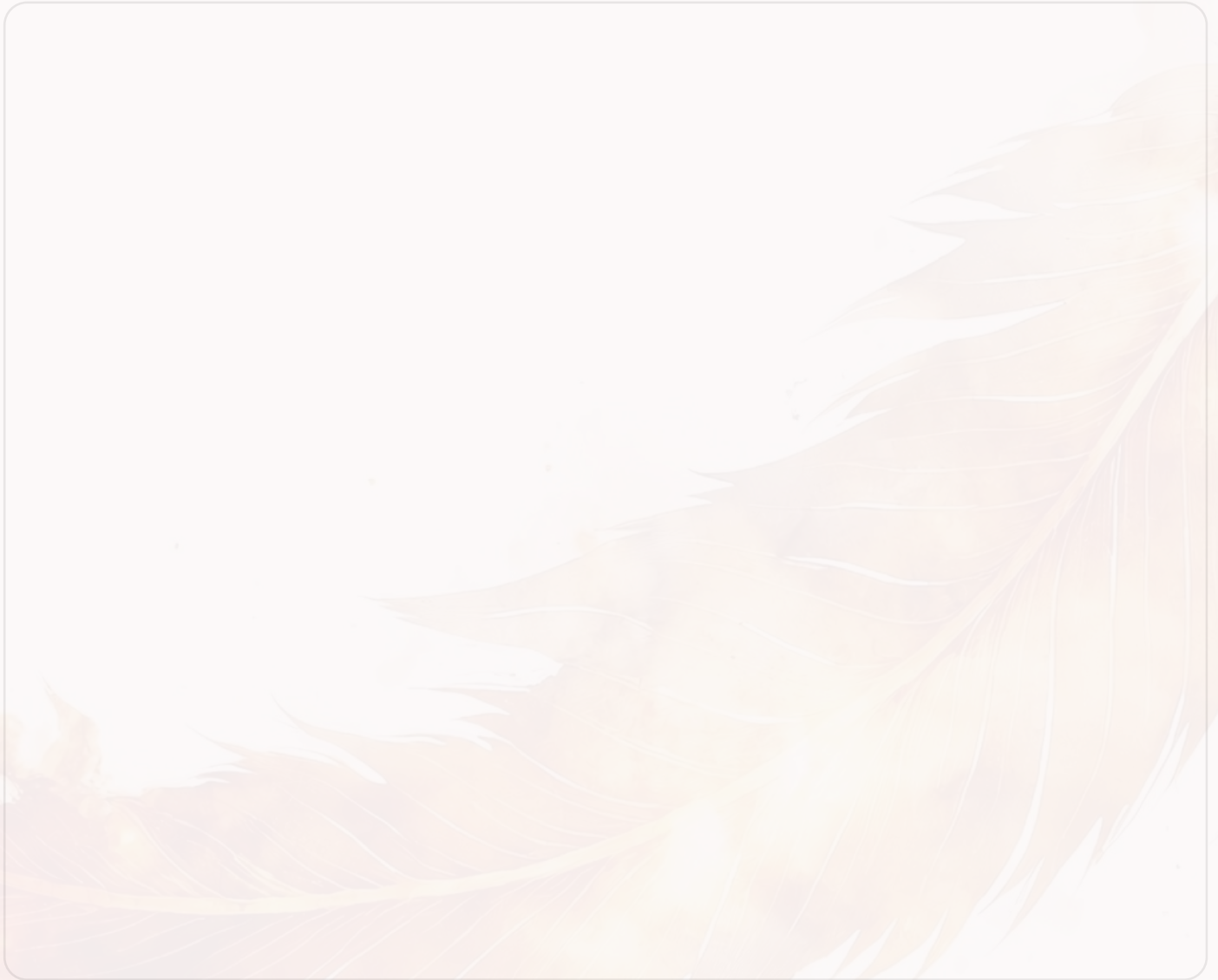
The questions to take in with you:

- Is contrast actually necessary for my scan, or is it routine? What would a non-contrast scan miss in my specific case?
- If something's flagged, will the contrast genuinely change the decision, or just sharpen the picture of a decision that's already made?
- What's been measured about the long-term effects, and what's simply assumed?

For my scan: is contrast essential, optional, or just routine?

What did they say when I asked?

(Space to write:)



Personal Risk Factors to Flag

Some things change your particular risk. Tell them, and get it written down:

- Pregnancy, or any chance you might be pregnant
- Any previous reaction to an MRI or to contrast
- A history of gadolinium exposure
- Electromagnetic sensitivity
- Metal implants, devices, or anything else implanted in you

And two the system won't think to ask about, but I will: first, signs your body may already be carrying a heavy oxalate load. A history of kidney stones or coeliac disease, or years of a diet leaning hard on high-oxalate foods. Plenty of "healthy" patterns qualify: plant-based, gluten-free or dairy-free eating built on spinach, sweet potato, soy, berries, nuts and seeds, and paleo or AIP diets that lean the same way. My working view, backed up by research done by Professor Wagner's University of New Mexico team, is that a heavy oxalate load may be one of the things that primes the body to react, which is exactly the sort of thing nobody checks before handing you contrast.

Secondly, are you hypermobile (have you ever considered yourself double-jointed or wondered why everyone outside your family is so stiff)? This is a pattern I've noticed over many years in my practice as a nutrition and lifestyle coach and within EDS support groups, but one that is missed in the allopathic medicine system... much like how most diagnoses of Ehlers-Danlos Syndrome and joint hypermobility syndrome are missed for years or decades of a patient's life.

"But It's Urgent"

Sometimes a scan genuinely is time-critical, and you won't have time to work through every question in this workbook. That's real, and it's fine. But "it's urgent" is also the phrase most often used to rush the very people who can least afford a wrong call, and two things get forgotten in the hurry.

First, being critically ill doesn't protect you from a reaction. It does the opposite. Dehydration, struggling kidneys or liver, an infection, a low albumin, a stack of other drugs already on board: every one of these makes you more vulnerable to harm from contrast and less able to clear it. The reassurance that "only people with kidney failure have problems" is not merely wrong. It is most wrong for the sickest person in the room.

So if you, or someone you're deciding for, are seriously unwell, the questions get sharper, not softer. Will this genuinely change what's done in the next few hours? And is this person well enough to benefit from whatever it points to at all right now?

Second, a scan only earns its risks if you could actually act on what it finds. If someone is too frail or too unwell for the surgery, chemotherapy, radiotherapy, or other aggressive treatments a result might point to, then the contrast buys nothing and risks a great deal. A test that cannot change what happens next is not made worthwhile by being urgent.

Part 6: Is There Another Road to the Same Answer?

Alternatives Worth Weighing

An MRI scan, with or without contrast, is one way to get information. It's rarely the only way. Before you accept contrast, it's fair to ask whether something else gets you a similar answer at a lower cost to your body.

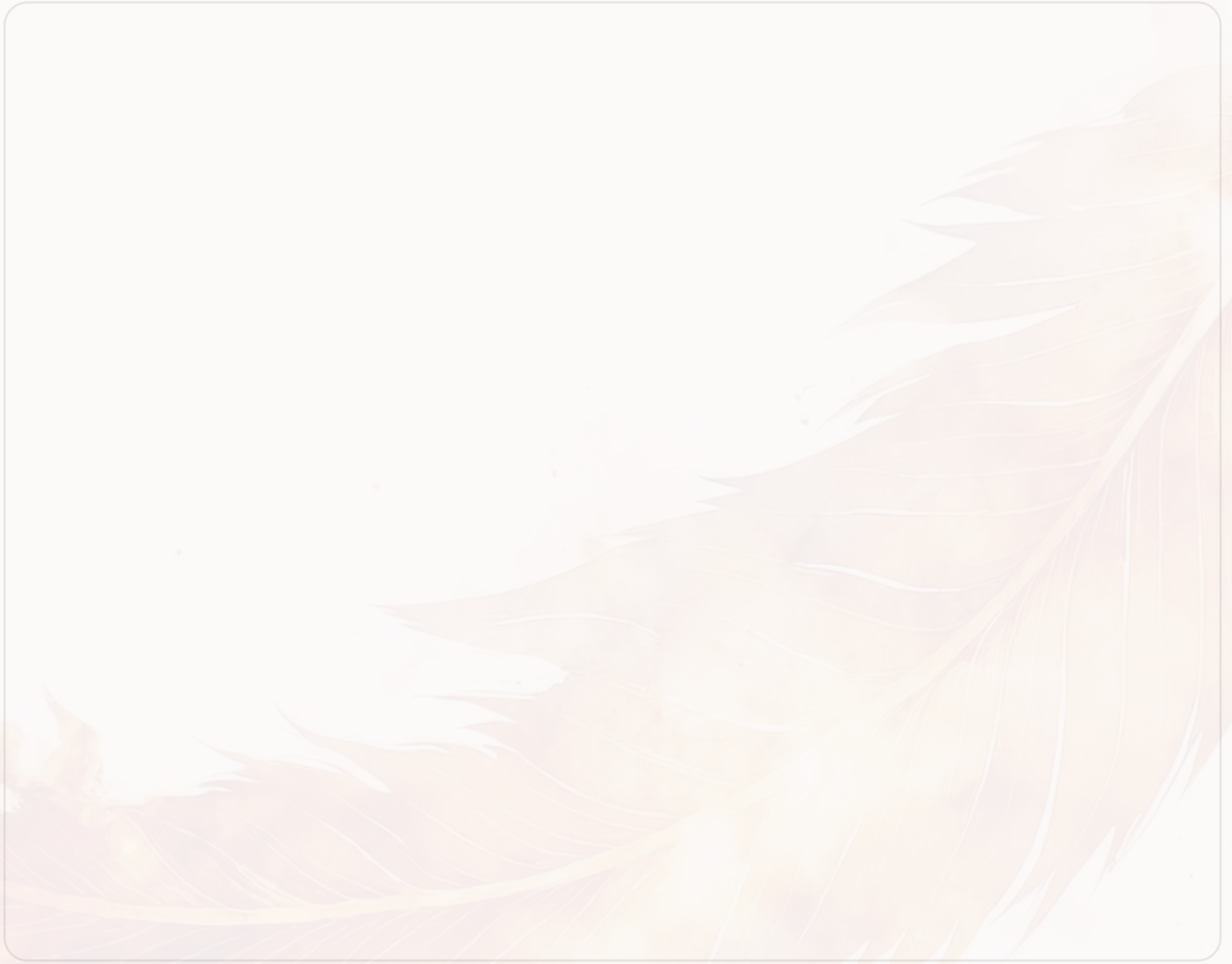
Option	What it offers	What to watch
Ultrasound	Non-invasive, no radiation	Limited detail for some conditions, although newer, much more performant machines are in development. Sometimes uses its own specific contrast agents
CT scan	Detailed, quick	Radiation; may itself suggest contrast
PET-CT	Functional imaging	High cost, radiation, limited availability; may use a contrast (not gadolinium)
Blood tests	Easy, wide range	May not be specific enough on their own
Urine tests	Non-invasive, easy	Limited on their own. May be difficult to interpret
Functional/metabolic testing	A fuller picture of how your body is actually working	Needs the right tests ordered and someone who can read them

Some of these only help if you ask the right person, and that person isn't always in conventional medicine.

Could One of These Answer My Actual Question Without Contrast?

Have I asked, and have I asked the right person?

(Space to write:)



The Ground Is Shifting (and Consent Should Keep Up)

Informed consent also means knowing about options that exist, even ones not offered where you're being scanned. And the imaging landscape is changing fast. Radiation-free, contrast-free ultrasound methods are in active development that may, before long, rival contrast MRI for detail. In the first half of 2026 alone, Midjourney Medical announced a sixty-second whole-body ultrasound scanner, and Aleph Neuro produced the first high-resolution three-dimensional ultrasound image of a human brain through the skull. Neither is in your local clinic yet, and both have their own questions to ask of them (some still use a contrast agent, and the newer agents aren't always the gentler ones). But two questions are worth holding: is your scan urgent, or could it wait for a safer route, and does a better option already exist somewhere your facility didn't think to mention?

One for the road ahead. As scanners get cleverer, consent gets bigger, not smaller. Some of this emerging technology aims to read activity in the living brain. That is a marvel, and it is also a question you are entitled to ask of any future scan: not only what it might do to my body, but what it can learn about my mind, and whether I have agreed to that.

What an MRI Can and Can't See

An MRI is superb at structure, and largely blind to function. That single fact explains a lot of "your scan is normal, so you're fine."

What an MRI sees well	What it doesn't see
Structural problems	Metabolic disorders
Tumours	Nutritional deficiencies
Inflammation (visible)	Toxicity
Vascular issues	Food intolerances
Autoimmune problems (often only non-specific hints)	Gut dysbiosis
	Hormonal problems
	Pain, including migraines and other headaches
	Cognitive impairment and brain fog
	Sensory problems like tinnitus or hearing loss
	Even some life-threatening illnesses, such as sepsis

A few of those last ones can occasionally have a structural cause an MRI would catch (a tumour pressing on a nerve, say). But most of the time they live entirely outside what the scan can show, which is why "your scan's clear" can sit right alongside "and I still feel terrible."

What Usually Happens Next (and Why It Often Ends in a Biopsy Anyway)

The referral rarely spells this part out. A scan gives a picture, and a picture is not a diagnosis. When a scan does show something, it often can't tell you what that something is. For that, you usually need a tissue sample, a biopsy, where one is available and sensible.

That changes the maths on contrast more than most people realise. If a plain scan would pick up the thing that needs looking at, and you'd need a biopsy to name it either way, then ask the obvious question: what is the contrast actually adding? A lot of the time the honest answer is a clearer picture of a lesion you were always going to have to sample. If there's something there and a biopsy is recommended and feasible, it can be perfectly reasonable to go straight from a plain scan to the tissue that provides a real answer.

And it's rarer than you'd think for a genuine problem to be invisible without contrast. By the time a brain tumour is causing symptoms (headaches, vomiting, drowsiness, personality or neurological changes), it's usually large enough, with the swelling and pressure around it, to show on ordinary imaging. The contrast tends to make it prettier, not more findable.

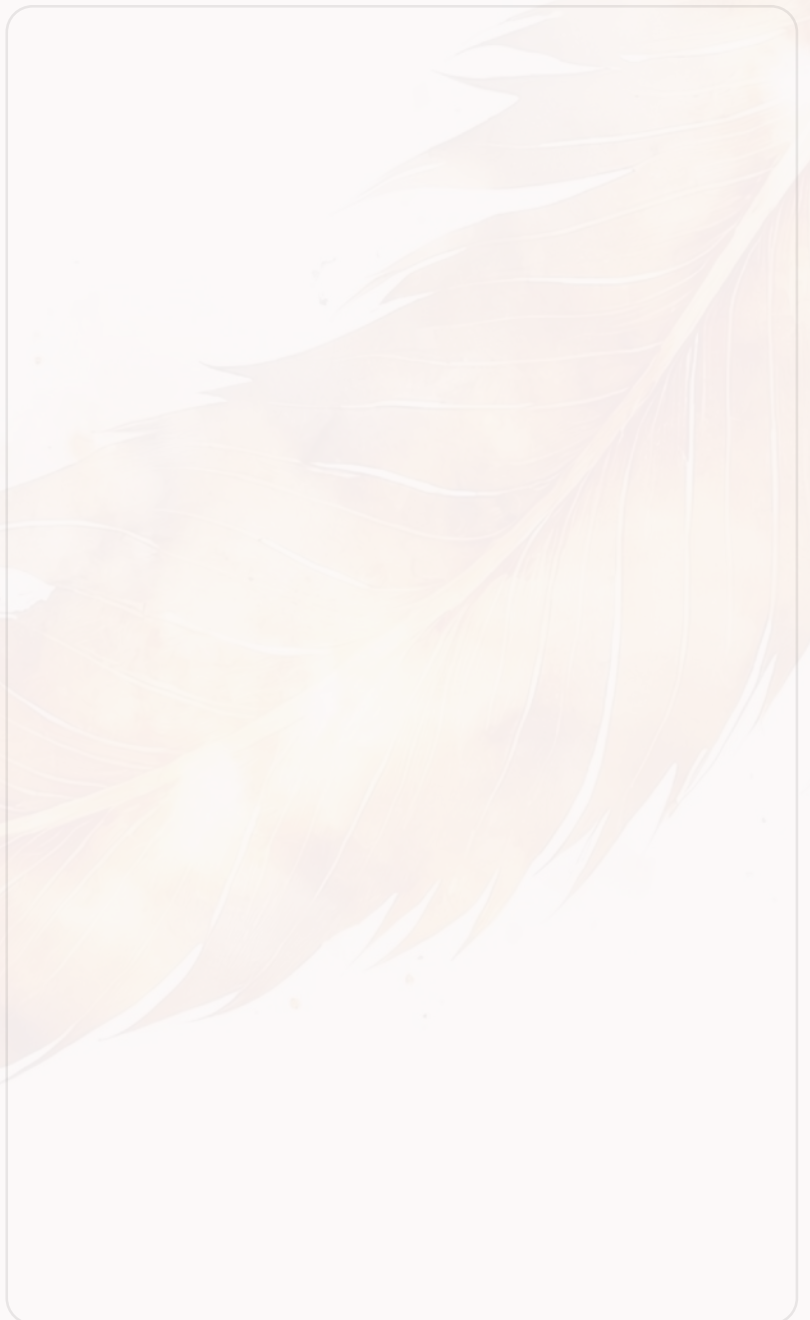
For blood-vessel scans (an MRA), it's worth knowing that plenty of scanners can map your vessels without any contrast at all. You may have to shop around for a centre that offers the non-contrast technique, but the information is often the same.

❏ **A worked example: multiple sclerosis follow-ups.** This is where the distinction matters most, because fear tends to do the deciding. The pitch is that contrast spots active lesions earlier, active lesions come before deterioration, so catch them early, and you'll do better. Look closely, and there's a jump in that logic. That a marker *predicts* trouble doesn't mean *chasing the marker* changes where you end up. The hard evidence (the outcomes that actually matter, whether you'll need a cane, a wheelchair, or how long you live) doesn't show that routine contrast follow-up changes any of them. Much of the disability in MS is driven by a slow, smouldering process that doesn't light up with contrast at all, while modern non-contrast scans pick up new lesions just as well. The field's own 2021 guidelines have already stepped back from routine contrast for stable MS. So if that's you, it's a fair and current question to put to your neurologist, not a fringe one. [\[There's a fuller piece on all this here\]](#)

If a Plain Scan Would Find It, and I'd Need a Biopsy to Name It Either Way, What Is the Contrast Adding?

For an MRA, could a non-contrast scanner answer the same question?

(Space to write:)



The Tests That Look at Function, Not Just Shape

If your problem lives in how your body is working rather than how it's built, these are the kinds of tests that can show it. They exist, even when nobody offers them:



Fasting urinary organic acids

Fasting plasma mass spectrometry

Fasting plasma amino acids

Other fasting metabolic markers
Lactate, ammonia, glucose, ketones

Liver and thyroid function

Autoimmune markers

A nutritional workup

This isn't a prescription, and it isn't medical advice. It's a map of roads that exist, so that "we've done the scan, there's nothing more to look at" doesn't get to be the last word, unless it genuinely should be and you're satisfied that it is. Sometimes a clear scan really is the end of the story, and that's good news, not a loose thread to keep tugging.



CHAPTER

Part 7: Your Decision, Step by Step

The Logic, in Short

Prefer to click through it? There's an [interactive version online](#) that walks you through the same questions and lets you print or save your answers for the appointment.

01

Why this scan?

If the purpose isn't clear, that's the first conversation to have.

02

Is there another road?

If a gentler test answers the same question, compare them, and take the gentler one.

03

Will the result change the plan?

If it won't, the scan may not be necessary.

04

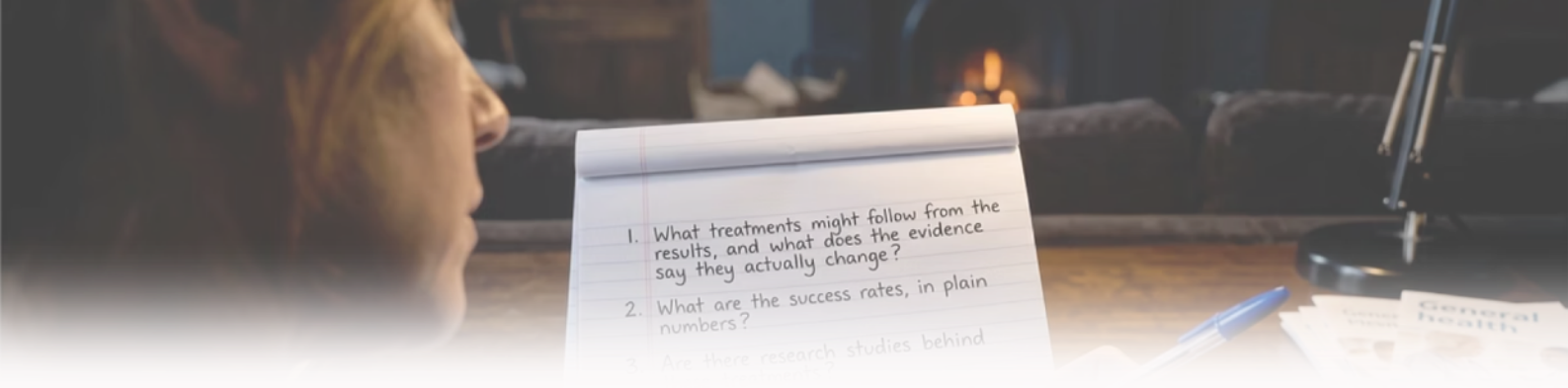
Is the treatment one you'd accept, and are you well enough to benefit?

If not, the scan buys little and risks a lot.

05

Only then, weigh the specific risks

Contrast and your own risk factors included, and make a genuinely informed choice.



CHAPTER

Part 8: Questions to Take to Your Appointment

About Treatment and Results

Write your answers in as you get them. Blanks are information too.

What treatments might follow from the results?
And what does the evidence say they actually change?

What are the success rates, in plain numbers?

Are there research studies behind these treatments?

What have outcomes been like for people in my situation?

About Safety and Contrast

-  What type of MRI machine will be used?
-  Will contrast be suggested? If so, which agent?
-  If contrast is recommended, is there evidence that it will change my diagnosis or outcome, for better or worse?
-  What safety protocols are in place?
-  How will my personal risk factors be handled?

Practical Matters

On the day

- How long will it take?
- What's the cost and insurance position?
- How soon will results come back?
- Who interprets them and discusses them with me?

Before you go, you can also:

- Read the consent form properly, and ask for changes to it if something isn't right. It's not set in stone.
- Get a second opinion, from a different speciality or from outside conventional medicine.
- Check that any implant of yours is MRI-safe, and choose a facility with careful safety protocols.
- Download and read MRI contrast product information leaflets



CHAPTER

Part 9: Your Documentation Checklist

Before and After, Make Sure You Have:

Written explanation

A written explanation of the procedure's purpose.

Alternatives discussed

A list of the alternatives that were discussed.

Risks and benefits

Documented in writing.

Personal risk factors

Noted in your records.

Treatment options

Based on possible results.

Your questions and concerns

Addressed in writing.

A copy of the consent form

For your own review.

And remember, this is yours to direct. You have the right to:

- Ask questions, as many as you need.
- Take more time to decide.
- Seek a second opinion.
- Refuse the procedure.

Document all your discussions with your healthcare provider, and keep a simple record of your own: symptoms, test results, how you responded, the questions you asked and the answers you got. It's your thread back through the maze, and it's the thing that makes the next conversation start from where the last one ended, instead of from scratch.

You came into this wanting to slow down before you signed. That instinct was right. Whatever you decide now, decide it with your eyes open. That's all informed consent ever really meant.

The Two Bonuses That Come With This Workbook

This workbook comes with two short companions, each doing a job the workbook itself can't.

The 90-Second Reset: For When It All Feels Like Too Much. Read this one first. You can't make a clear-headed choice from inside a stress response, and most people weigh this decision frightened. The Reset is a ninety-second way to signal your nervous system that you're safe enough to think, so the choice you make is yours, and not one fear made for you. It's built on the ACE method from module 2 of my Ancient Body, Modern World programme.

Call Their Bluff: How to Read Medical Evidence Without a Medical Degree. To keep this workbook focused, its two reference sections, *What Would Actually Count as Proof* and the *Plain-English Glossary*, live here instead. It's the toolkit for checking any claim, about contrast or anything else, against what actually matters to you, with the names of the real tests to search for and the jargon translated.

Get both alongside this one.

CHAPTER

Part 10: One Last Page, Before You Go

Look back at what you've just done. Not read.
Done.

You've worked out your real why, and whether this scan can actually deliver it. You've learned to hear the assumptions hiding inside a smooth reassurance, and to ask the question that unpicks them: has anyone actually measured that, or are we just hoping? You know your rights now, including the ones the system would rather you left unused. You've got the questions to take into the room, and the list of what to get written down before you leave. And if the scan comes back "normal" while you feel anything but, you know now that's a limit of the instrument, not a verdict on you.

That's not a small thing to be holding. It's the whole shape of informed consent, in your hands, which is more than most people are ever given.

This is what all of it was for.

So that you walk into that room as a person, not a procedure. So that the decision is yours, made on your terms and in your time, and not one that fear or a crowded waiting room made on your behalf. So that whatever you choose, contrast or none, scan or none, you look back and know you *chose* it, rather than got swept along.

And so that the way of thinking you've practised here, the questioning, the following of the money, the refusal to let "the studies show" be the last word, stays with you long after this one scan, for every decision about your body that comes after it. That's the real gift: not the answer to one scan, but a way of weighing any of them, and it's yours to keep.

One last thing. If you've read this far and some quiet part of you is saying "I can't do all this on my own", you don't have to. Especially if you're the one whose scan came back clear while your life quietly came apart. I run a free Comprehensive Health Assessment: no cost, no pitch, just a proper conversation with someone who reads this research for a living, and who has been the frightened person on the table too. It's there whenever you're ready, and not a moment before.

Whatever you decide, I'm glad you slowed down long enough to ask. That instinct was right. It's the thing that protects you.

Catriona

The Food Phoenix.
Nourished and Flourishing.

Book your free Comprehensive Health Assessment

📄 **A note on what this is, and isn't.** This workbook is for information and reflection only. It isn't medical advice, and it isn't a recommendation for or against any scan, contrast agent, or treatment. It can't know your particular circumstances, and it's no substitute for a conversation with a qualified professional who knows your history. Its only job is to help you gather the information and ask the questions, so that whatever you choose, it's the decision you feel most comfortable making. The choice is, and always should be, yours.

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