MRI Screening Form

Dear Parents or Guardians:

Magnetic Resonance Imaging (MRI) uses a powerful magnetic field to produce very clear images of the human body. When you and your child are in the scan room any metallic objects on or within your body could be affected by the magnetic field. For your safety and the safety of your child, please answer the following questions as accurately as you can. **Be advised, the MR system magnet is ALWAYS on.**

Your Name: ____________________________ Date: ____________

Patient’s name: __________________________ Date of Birth: __________

Weight: ______     Height: ________     Gender (check one): □ Male □ Female

**Please indicate by checking yes or no for each of the following:**

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<th>Yes</th>
<th>No</th>
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<td>Have you or your child ever had a surgical procedure or operation of any kind?</td>
<td>□</td>
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<td>If yes, please list all operations and give approximate dates:</td>
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| Have you ever worked as a machinist, grinder, welder, or have you or your child ever had an injury to the eye involving a metallic object? | □   | □  |
| If yes, please describe: |     |
|                         |     |

| Have you or your child ever been injured by a metallic foreign body (bullet, BB, shrapnel etc.)? | □   | □  |
| If yes, please describe: |     |
|                         |     |

Remove all metallic objects before entering the MR environment or MR system room including hearing aids, beeper, cell phone, keys, eyeglasses, hair pins, barrettes, jewelry (including body piercing jewelry), watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, steel-toed boots/shoes, and tools. Loose metallic objects are especially prohibited in the MR system room and MR environment. Please consult the MRI Technologist or Radiologist if you have any question or concern BEFORE you enter the MR system room.

PLEASE CONTINUE ON TO PAGE 2 TO COMPLETE THE QUESTIONNAIRE ➔
Some of the following items may be hazardous to your safety and some can interfere with the MRI examination. Please check the correct answer.

Do you or your child have any of the following?

- [ ] Yes  [ ] No Cardiac pacemaker
- [ ] Yes  [ ] No Implanted cardiac defibrillator
- [ ] Yes  [ ] No Aneurysm clip(s)
- [ ] Yes  [ ] No Carotid artery vascular clamp
- [ ] Yes  [ ] No Neurostimulator
- [ ] Yes  [ ] No Insulin or infusion pump
- [ ] Yes  [ ] No Implanted drug infusion device
- [ ] Yes  [ ] No Bone growth/fusion stimulator
- [ ] Yes  [ ] No Cochlear, otologic, or ear implant
- [ ] Yes  [ ] No Any type of prosthesis (eye, penile, etc.)
- [ ] Yes  [ ] No Artificial limb or joint
- [ ] Yes  [ ] No Electrodes (on body, head, or brain)
- [ ] Yes  [ ] No Intravascular stents, filters, or coils
- [ ] Yes  [ ] No Shunt (spinal or intraventricular)
- [ ] Yes  [ ] No Swan-Ganz catheter
- [ ] Yes  [ ] No Any implant held in place by a magnet
- [ ] Yes  [ ] No Transdermal delivery system (Nitro)
- [ ] Yes  [ ] No IUD or diaphragm
- [ ] Yes  [ ] No Tattooed makeup (eyeliner, lips, etc.)
- [ ] Yes  [ ] No Body piercing(s), (Remove before MRI)
- [ ] Yes  [ ] No Any metal fragments
- [ ] Yes  [ ] No Internal pacing wires
- [ ] Yes  [ ] No Metal or wire mesh implants
- [ ] Yes  [ ] No Hearing aid (Remove before MRI)
- [ ] Yes  [ ] No Dentures (Remove before MRI), braces, permanent retainer or other dental implant
- [ ] Yes  [ ] No Claustrophobia
- [ ] Yes  [ ] No Pregnancy or breastfeeding
- [ ] Yes  [ ] No Allergic reaction to MRI contrast agent
- [ ] Yes  [ ] No Drug allergies, list:_____________________

Other, please explain:________________________
_____________________________________________

*As a safety precaution, all study participants will be asked to change into clothing provided by BRIC MRI Staff.*

I the undersigned have answered the above questions accurately. I understand that all metallic objects including: jewelry, credit cards, eyeglasses, pins, watches, phones, pagers and dentures, must be removed prior to entering the MRI scan room. A secure location will be provided for my personal belongings.

Signature___________________________________________Date_______________