

MRI Screening Form

Magnetic Resonance Imaging (MRI) uses a powerful magnetic field to produce very clear images of the human body. When you are in the scan room any metallic objects on or within your body could be affected by the magnetic field. Therefore, all individuals are required to fill out this form before entering the MR environment or MR system room. **Be advised, the MR system magnet is ALWAYS on.**

Your Name: _____ Date of Birth: _____

Weight: _____ Height: _____ Gender (check one): Male Female

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

Yes No

Have you ever had a surgical procedure or operation of any kind?

If yes, please list all operations and give approximate dates:

Have you ever worked as a machinist, grinder, welder, or have you ever had an injury to the eye involving a metallic object?

If yes, please describe:

Have you 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.

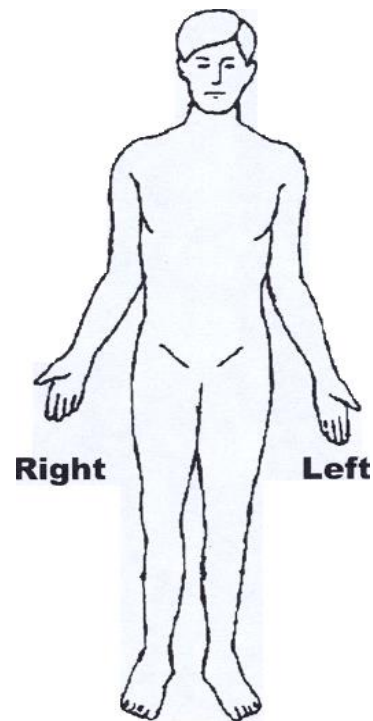
PLEASE CONTINUE ON TO PAGE 2 TO COMPLETE THE QUESTIONNAIRE →

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 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 retainers, 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: _____

Please mark on the figure below, the location of any implant or metal inside of or on your body.



Other, please explain: _____

As a safety precaution you, 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 _____