

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:**

Yes No

Have you or your child 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 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.

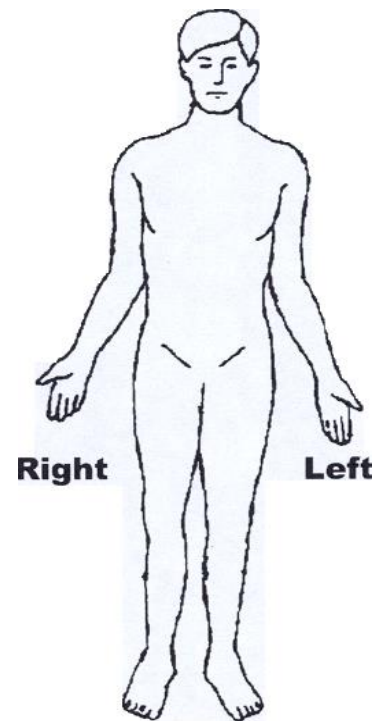
PLEASE CONTINUE ON TO PAGE 2 TO COMPLETE THE QUESTIONNAIRE →

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:

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



Other, please explain:

As a safety precaution, all participants will change into clothing provided by BRIC.

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 _____