

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:	<input type="checkbox"/>	<input type="checkbox"/>
_____		
_____		
_____		

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:	<input type="checkbox"/>	<input type="checkbox"/>
_____		

Have you ever been injured by a metallic foreign body (bullet, BB, shrapnel etc.)? If yes, please describe:	<input type="checkbox"/>	<input type="checkbox"/>
_____		

**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.**

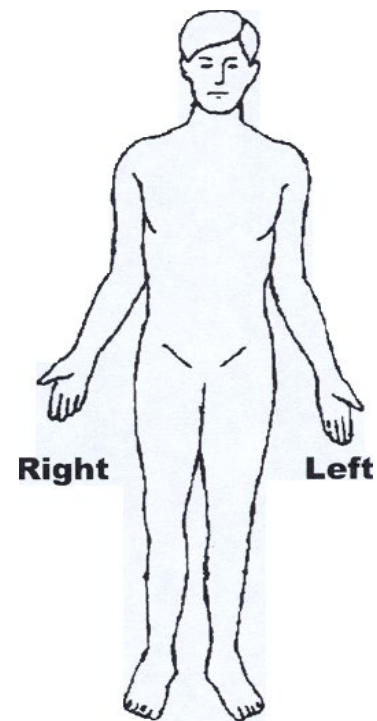
**PLEASE CONTINUE ON TO PAGE 2 TO COMPLETE THE QUESTIONNAIRE →**

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 Tattoos or tattooed makeup (eyeliner, lips)  
 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, 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 \_\_\_\_\_