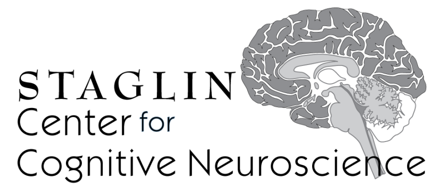
Staglin Center for Cognitive Neuroscience

MRI Screening Form



First name: ______________________ Last name: ______________________ Date of birth: ___/___/______

Height: __________ Weight: __________ Investigator name or protocol: ______________________

WARNING: MRI is generally very safe. However, certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI, MR angiography, functional MRI, MR spectroscopy). Do not enter the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist or Investigator BEFORE entering the MR system room. The MR system magnet is ALWAYS on.

1. Have you had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind, particularly in the last six weeks? .... ☐ Yes ☐ No
   If yes, please indicate the date and type of surgery:
   Type of surgery (list all, if more than one)______________________________________

   ____

2. Have you experienced any problem related to a previous MRI examination or MR procedure? .... ☐ Yes ☐ No
   If yes, please describe: ______________________________________
3. Have you had an injury to the eye involving a metallic object or fragment (e.g., metallic slivers, shavings, foreign body, etc.)? .... ☐ Yes ☐ No
   If yes, please describe: ______________________________________
4. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)? .... ☐ Yes ☐ No
   If yes, please describe: ______________________________________
5. Are you currently taking or have you recently taken any medication or drug? .... ☐ Yes ☐ No
   If yes, please list: ______________________________________
6. Do you have diabetes? .... ☐ Yes ☐ No
7. Do you have cardiac hypertension? .... ☐ Yes ☐ No
8. Do you take beta blockers? .... ☐ Yes ☐ No
9. Are you taking sedatives? .... ☐ Yes ☐ No
10. Do you take diuretics? .... ☐ Yes ☐ No
11. Do you have a fever? .... ☐ Yes ☐ No

For female subjects:

12. Are you pregnant or experiencing a late menstrual period? .... ☐ Yes ☐ No
13. Are you taking any type of fertility medication or having fertility treatments? .... ☐ Yes ☐ No

revised 9/21/10

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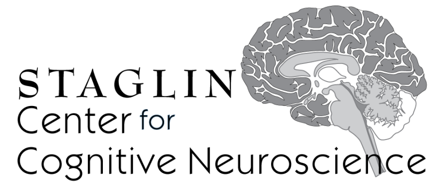

Please indicate if you have any of the following:

☐ Yes	☐ No	Aneurysm clip(s)	☐ Yes	☐ No	Vascular access port and/or catheter
☐ Yes	☐ No	Cardiac pacemaker	☐ Yes	☐ No	Radiation seeds or implants
☐ Yes	☐ No	Implanted cardioverter defibrillator (ICD)	☐ Yes	☐ No	Swan-Ganz or thermodilution catheter
☐ Yes	☐ No	Electronic implant or device	☐ Yes	☐ No	Medication patch (Nicotine, Nitroglycerine)
☐ Yes	☐ No	Magnetically-activated implant or device	☐ Yes	☐ No	Any metallic fragment or foreign body
☐ Yes	☐ No	Neurostimulation system	☐ Yes	☐ No	Wire mesh implant
☐ Yes	☐ No	Spinal cord stimulator	☐ Yes	☐ No	Tissue expander (e.g., breast)
☐ Yes	☐ No	Internal electrodes or wires	☐ Yes	☐ No	Surgical staples, clips, or metallic sutures
☐ Yes	☐ No	Bone growth/bone fusion stimulator	☐ Yes	☐ No	Joint replacement (hip, knee, etc.)
☐ Yes	☐ No	Cochlear, otologic, or other ear implant	☐ Yes	☐ No	Bone/joint pin, screw, nail, wire, plate, etc.
☐ Yes	☐ No	Insulin or other infusion pump	☐ Yes	☐ No	IUD, diaphragm, or pessary
☐ Yes	☐ No	Implanted drug infusion device	☐ Yes	☐ No	Dentures or partial plates
☐ Yes	☐ No	Any type of prosthesis (eye, penile, etc.)	☐ Yes	☐ No	Tattoo or permanent makeup
☐ Yes	☐ No	Heart valve prosthesis	☐ Yes	☐ No	Body piercing jewelry
☐ Yes	☐ No	Eyelid spring or wire	☐ Yes	☐ No	Hearing aid
☐ Yes	☐ No	Artificial or prosthetic limb	☐ Yes	☐ No	Other implant ______________________
☐ Yes	☐ No	Metallic stent, filter, or coil	☐ Yes	☐ No	Breathing problem or motion disorder
☐ Yes	☐ No	Shunt (spinal or intraventricular)	☐ Yes	☐ No	Claustrophobia

Notes

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Before entering the MR environment or MR system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners, & clothing with metallic threads.

Please consult the MRI Technologist or Investigator if you have any question or concern BEFORE you enter the MR system room.

I attest that the above information is correct to the best of my knowledge. I have read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.

Signature of Person Completing Form: ___________________________________ Date: _____/____/_______

Signature

Form Completed By: ☐ Subject ☐ Relative ☐ Other ____

Print name and Relationship to subject

Form Information Reviewed By: ____

Print name and Sign

☐ MRI Technologist ☐ Investigator ☐ Other: ____

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Review Criteria

Be sure that all of the questions have been answered.

In general, if the subject responds with a yes to any question, you should discuss the risk with the subject and have them initial your notes that you have spoken about this.

Question 1: Surgeries are not a contraindication on their own, but subjects should wait at least six weeks if there is any possibility of an implanted device becoming dislodged

Question 2: Let the subject guide you.

Question 3. Metal fragments in the eye are a serious concern. Standard practice is to order a high resolution CT and to advise the subject of added risk.

Question 4: Same as 3

Question 5. We are particularly concerned about drugs that might result in poor body cooling. If there are any drugs, be sure to think carefully about the consequences. For heating concerns, you might simply choose to leave a few extra minutes between scans, and to remove any extra comfort layers (blankets, etc…) before scanning. Avoid any level 2 scanning.

Questions 6, 7, 8, 9, 10: Any of these conditions creates added risk of heating. Take the heating precautions listed above.

Questions 12-13. It is our policy not to scan pregnant women.

Page two device questions. Any positive answer must be explored with the subject. Implanted devices should be looked up in the Shellock guide or the online list (http://www.mrisafety.com/list_search.asp). Removeable devices should be removed. Be sure to be sensitive to your claustrophobic subjects.

Use the notes area to make any comments to the subject that require their acknowledgement. Initial or add your own signature as needed.

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