

UCHSC Brain Imaging Center MRI Patient Screening Form

Name (print) _____ Date: _____

Birthdate _____ Age _____ Male/Female _____ Weight (lbs) _____

Allergies: _____ Height _____

Have you ever had a surgical operation or procedure of any kind? Yes No
If yes, list type of surgery:

Have you ever been injured by a bullet, BB, or shrapnel? Yes No
If yes, has it been removed?

Have you had an injury from a metal object in your eye (metal slivers)? Yes No
If yes, did you seek medical attention? Yes No

Are you pregnant or suspect you may be pregnant? Yes No

The following items can interfere with MR imaging and some can actually be *hazardous* to your safety. Please check (yes/no) if you have any of these items:

Yes	No	
_____	_____	Aneurysm clip (on blood vessel)
_____	_____	Cochlear (ear) implant
_____	_____	Cardiac Pacemaker, pacing wires, or implanted cardioverter defibrillator (ICD)
_____	_____	Artificial heart valve
_____	_____	Metallic stents, filters or coil (cardiac stents, Greenfield filters, etc.)
_____	_____	Any implanted devices (bone growth or spinal cord stimulator, medication pump, etc.)
_____	_____	Shunt (spinal or intraventricular)
_____	_____	Any type of prosthesis (eye, penile, etc.)
_____	_____	Artificial limb or joint (including hip or knee replacements)
_____	_____	Pin, screw, nail, wire, or plate in any bone or joint
_____	_____	IUD, diaphragm, or pesary
_____	_____	Body piercing jewelry
_____	_____	Tattoo or permanent makeup
_____	_____	Medication patches (Nicotine, Nitroglycerine)
_____	_____	Dentures; partial plates; retainer; temporary spacers
_____	_____	Hearing aid

Instructions for Research Subjects

1. You will need to use headphones and/or earplugs that we supply
2. Remove all jewelry (earrings, necklaces, rings)
3. Remove all hair pins, bobby pins, barrettes, hair ties
4. Remove all dentures, false teeth, partial dental plates, retainers
5. Remove watch, pager, cell phone, credit cards
6. Remove body piercings, eyeglasses, hearing aids

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

Signature: _____

Signature of Legal Guardian (if minor): _____

Signature of MR Personnel _____

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