

**MRI SAFETY QUESTIONNAIRE
(Research Subjects)**

- Office use -

Exam No. _____
Investigator name _____
Contrast MRI Yes No If Yes, add form
MRI CONTRAST AGENT QUESTIONNAIRE

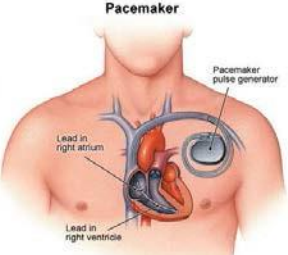
MRI is simple, safe and painless. However, because we use strong magnets during the procedure, metal objects in your body may be hazardous or cause interference. Please provide us with this important information before entering the MRI area.

Name _____ Age _____ Weight _____ Height _____

1. Have you ever been here before? Yes No If yes, when: _____
 2. Have you ever had an MRI? Yes No Date and place of last MRI: _____
 3. Please list **all** surgical procedures and dates or, check here for **none** .
- _____
- _____

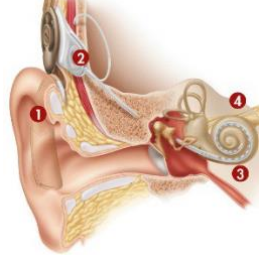
IF YOU HAVE EITHER OF THE DEVICES BELOW YOU CANNOT HAVE AN MRI

Pacemaker /Defibrillator (ICD)



STOP

Cochlear Implant



4. Please check Yes or No in the boxes below if you have any of the following items in your body

- | | |
|---|---|
| <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Cardiac pacemaker or pacing wires</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> External Cardiac monitor or wiring</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Implanted cardioverter defibrillator (ICD)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Neuro-stimulator (Deep Brain Stimulator)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Other Stimulator: _____</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Catheter or feeding tube</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Radiation seeds</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Medication patch (Nicotine, Nitroglycerine)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Any metallic fragment, foreign body or bullets</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Surgical staples, clips, metallic sutures or wire mesh</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Bone/joint pin, screw, nail, wire, plate, etc.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> IUD, diaphragm, or pessary</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Dentures or braces</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Breathing problem and motion disorder</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Cochlear, otologic, or other ear implant</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Tissue expander (e.g., breast)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Port</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Implanted drug infusion device</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Aneurysm clip(s), when _____</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Prosthesis (eye, penile, limb, etc.)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Artificial heart valve</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Eyelid spring or wire</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Tattoo, permanent makeup or body piercing jewelry</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Hearing aid (Remove before entering the MR room)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Stent, filter, or coil</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Valve, shunt, or programmable shunt</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Ocular implant</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Hair Extensions</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Scleral Buckle</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Any implanted electrical device</p> |
|---|---|

Please see page 2

Citigroup Biomedical Imaging Center
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5. Any other metal objects, implants, or fragments? Yes No

If Yes, name and date of implant: _____

6. Are you wearing any athletic clothing possibly containing metallic fibers,
such as Lululemon, Silverescent, Copper Wear, Climachill? Yes No

Female subjects: Is there any possibility that you are pregnant? Yes No

Before entry to the magnet area, you will be required to put jewelry, watches, credit cards, pocket knives, coins, radio relays, stethoscopes, pens, pencils, key and all other metal items into a secured locker. If you do not speak English or have difficulty understanding the above, please check with the receptionist.

Is there anything else that you would like to tell the technologist before you have your test? Yes No

I have read and understand the above information.

Signature of subject: _____ Date: _____
(Parent or guardian)

- Office use -

Signature of MRI Technologist: _____ Date: _____