Nothing should enter the examination room that can be attracted to a magnet. All persons entering the examination room should review and identify any possible contraindications prior to entering the MRI scan room.

Some of the following items may be hazardous to your safety and some can interfere with the MRI examination. Please check the correct answer for each of the following. Do you have any of the following?

_____ Yes  _____ No  Have you ever had surgery? If yes, please explain:

__________________________

_____ Yes  _____ No  Have you ever been hospitalized?

__________________________

_____ Yes  _____ No  Cardiac Pacemaker?

__________________________

_____ Yes  _____ No  Implanted cardiac defibrillator?

__________________________

_____ Yes  _____ No  Internal pacing wires?

__________________________

_____ Yes  _____ No  Clips such as cerebral, carotid, or aortic aneurysm?

__________________________

_____ Yes  _____ No  Are you pregnant/possibly pregnant?

__________________________

_____ Yes  _____ No  IUD or Diaphragm? (Brand name: ________)

__________________________

_____ Yes  _____ No  Intravascular stents, filters, or coils (date of procedure____/____)?

__________________________

_____ Yes  _____ No  Neurostimulator/Bone growth or fusion stimulator?

__________________________

_____ Yes  _____ No  Insulin or other drug infusion pump?

__________________________

_____ Yes  _____ No  Any type of prosthesis (eye, penile, etc.)?

__________________________

_____ Yes  _____ No  Heart valve prosthesis?

__________________________

_____ Yes  _____ No  Shunt (spinal or intraventricular)?

__________________________

_____ Yes  _____ No  Electrodes (on body, head, or brain)?

__________________________

_____ Yes  _____ No  Cochlear or ocular implants? Any implant held in by magnets?

__________________________

_____ Yes  _____ No  Any metal fragments?

__________________________

_____ Yes  _____ No  Metal removed from your eye?

__________________________

_____ Yes  _____ No  Swan-Ganz catheter?

__________________________

_____ Yes  _____ No  Vascular access port of catheter?

__________________________

_____ Yes  _____ No  Transdermal delivery system (Nitro)?

__________________________

_____ Yes  _____ No  Artificial limb?

__________________________

_____ Yes  _____ No  Metal or wire mesh implants?

__________________________

_____ Yes  _____ No  Metal rods or plates in body?

__________________________

_____ Yes  _____ No  Joint replacement?

__________________________

_____ Yes  _____ No  Body piercings? If yes they must be removed before all scans.

__________________________

_____ Yes  _____ No  Hearing aid? (remove before MRI)

__________________________

_____ Yes  _____ No  Dentures?

__________________________

_____ Yes  _____ No  Braces or permanent retainer?

__________________________

_____ Yes  _____ No  Tattooed makeup (eyeliner, lips, etc.)?

__________________________

Have you had an MRI before? _____ Yes   _____ No   If yes, when and where? ____________

___________________________________________________________________________

___________________________________________________________________________

Subject’s signature ___________________________________________ Date ____________

__________________________

Subject’s height / weight_________/

Subject’s date of birth _______/_______/_______