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 Breast tissue expander?
☐ Yes ☐ No Neurostimulator/Bone growth or fusion stimulator?
☐ Yes ☐ No Insulin or other drug infusion pump?
☐ Yes ☐ No Any type of prosthesis or artificial limb (eye, penile, leg 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 Antibiotic joint spacer?
☐ 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- must be removed before scan)
☐ Yes ☐ No Hearing aid? (If yes- must be removed before scan)
☐ Yes ☐ No Dentures?
☐ Yes ☐ No Braces, permanent retainer or spacer?
☐ Yes ☐ No Tattooed makeup (eyeliner, lips, etc.)?

GFR Measurement: Contrast/Dose:

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

Subject's signature **Date**

Subject's height and weight: **Subject's birthdate:**