

Name: _____ Date: _____ DOB: _____ (mm/dd/yy) Weight: _____ lbs

For staff only: Session #: _____	IRB #: _____	Operator #: _____
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CMRR Safety Screening Form

1. Do you have a problem with claustrophobia (fear of closed spaces?)
No _____ A little _____ Pretty much _____ Severe _____
2. Do you have a heart pacemaker or defibrillator or other implanted devices?
No _____ Yes _____
3. Have you ever had an operation? If yes, Investigator to fill out Page 2.
No _____ Yes _____
4. Have you ever been injured by metallic foreign body which was not removed?
No _____ Yes _____
5. Do you wear braces on your teeth? Do you have removable bridgework or false teeth?
No _____ Yes _____
6. Do you have any tattoos or unremovable body piercings? If so, indicate where.
No _____ Yes _____
7. Do you wear a hearing aid? If yes, it will need to be removed for the scan.
No _____ Yes _____
8. (Females only): *It is recommended that you not wear underwire bras for the scanning session, due to possible discomfort when the metal is attracted by the field, and a small risk of heating in the wire.*
Do you have any reason to believe that you are pregnant? No _____ Yes _____
Are you currently using (wearing) an IUD or diaphragm? No _____ Yes _____
9. Please list medications you took today or are taking regularly.
(try to include the name of the medicine, dose, how often, and time of last dose).
10. Have you ever had any previous studies (MRI, CT or other)? If yes circle on list.
No _____ Yes _____
11. Do you have a breathing disorder or movement disorder? If yes describe.
No _____ Yes _____

Signature of Person Completing Page 1

Date: _____ / _____ / _____

Investigator to complete if Item #3 on Page 1 is Yes.

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 Cardiac pacemaker
- Yes No Implanted cardiac defibrillator
- Yes No Carotid artery vascular clamp
- Yes No Intravascular stents, filters, or coils
- Yes No Aortic clip

- Yes No Internal pacing wires
- Yes No Vascular access port and/or catheter
- Yes No Swan-Ganz catheter
- Yes No Shunt (spinal or intraventricular)
- Yes No Aneurysm clip(s)

- Yes No Neurostimulator
- Yes No Electrodes (on body, head, or brain)
- Yes No Heart valve prosthesis
- Yes No Any type of prosthesis (eye, penile, etc.)
- Yes No Artificial limb or joint replacement

- Yes No Bone growth/fusion stimulator
- Yes No Bone/joint pin, screw, nail, wire, plate
- Yes No Metal rods in bones
- Yes No Harrington rods (spine)
- Yes No Metal or wire mesh implants

- Yes No Wire sutures or surgical staples
- Yes No Insulin pump or infusion device
- Yes No Transdermal delivery system (Birth Control/Nicotine/Nitro)
- Yes No Any implant held in place by a magnet
- Yes No Cochlear, otologic, or ear implant

NOTE: YOU ARE REQUIRED TO WEAR EARPLUGS OR EARPHONES DURING THE MRI EXAMINATION.

Signature of Investigator Completing Page 2

Date: ____/____/____