MRI SAFETY QUESTIONNAIRE (Research Subjects)

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 ☐.

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

- Pacemaker / Defibrillator (ICD)
- Cochlear Implant

STOP

Please see page 2

For MRI with contrast, this form has to be accompanied by the MRI CONTRAST AGENT QUESTIONNAIRE
MRI SAFETY QUESTIONNAIRE
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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 from or made of Lululemon, Silverescent, Copper Wear, Climachill, Gap’s GPS, Athleta, Columbia Sportswear Co., Omni-Heat, National Orthotics and Prosthetics Company?  Yes □ No □

7. Please list any oral medications you have taken today (including any medication for anxiety or claustrophobia): ________________________________________________

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: ________________