Weill Cornell Medicine
Citigroup Biomedical Imaging Center
516 East 72nd Street, New York, NY 10021
T: 212-746-5889 http://pre.weill.cornell.edu/cbic/

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

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:_____

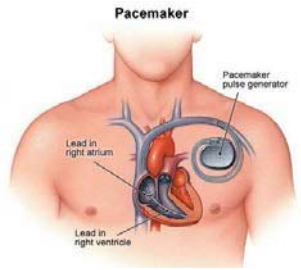
2. Have you ever had an MRI? Yes ☐ No ☐ Date and place of last MRI: _____

3. Please list **all** surgical procedures and dates or, check here for **none** ☐.

_____ _____ _____
_____ _____ _____

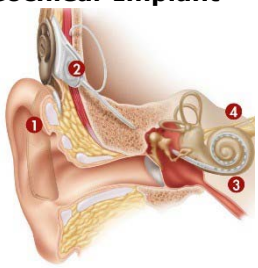
IF YOU HAVE EITHER OF THE DEVICES BELOW YOU CANNOT HAVE AN MRI

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

Yes ☐ No ☐ Cardiac pacemaker or pacing wires
Yes ☐ No ☐ External Cardiac monitor or wiring
Yes ☐ No ☐ Implanted cardioverter defibrillator (ICD)
Yes ☐ No ☐ Neuro-stimulator (Deep Brain Stimulator)
Yes ☐ No ☐ Other Stimulator:_____
Yes ☐ No ☐ Catheter or feeding tube
Yes ☐ No ☐ Radiation seeds
Yes ☐ No ☐ Medication patch (Nicotine, Nitroglycerine)
Yes ☐ No ☐ Any metallic fragment, foreign body or bullets
Yes ☐ No ☐ Surgical staples, clips, metallic sutures or wire mesh
Yes ☐ No ☐ Bone/joint pin, screw, nail, wire, plate, etc.
Yes ☐ No ☐ IUD, diaphragm, or pessary
Yes ☐ No ☐ Dentures or braces
Yes ☐ No ☐ Breathing problem and motion disorder
Yes ☐ No ☐ Cochlear, otologic, or other ear implant

Yes ☐ No ☐ Tissue expander (e.g., breast)
Yes ☐ No ☐ Port
Yes ☐ No ☐ Implanted drug infusion device
Yes ☐ No ☐ Aneurysm clip(s), when_____
Yes ☐ No ☐ Prosthesis (eye, penile, limb, etc.)
Yes ☐ No ☐ Artificial heart valve
Yes ☐ No ☐ Eyelid spring or wire
Yes ☐ No ☐ Tattoo, permanent makeup or body piercing jewelry
Yes ☐ No ☐ Hearing aid (Remove before entering the MR room)
Yes ☐ No ☐ Stent, filter, or coil
Yes ☐ No ☐ Valve, shunt, or programmable shunt
Yes ☐ No ☐ Ocular implant
Yes ☐ No ☐ Hair Extensions
Yes ☐ No ☐ Scleral Buckle
Yes ☐ No ☐ Any implanted electrical device

Please see page 2

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MRI SAFETY QUESTIONNAIRE (Research Subjects)

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: _____