MindCORE Neuroimaging Facility
University of Pennsylvania

MRI SAFETY SCREENING FORM FOR PARTICIPANTS FOR BRAIN IMAGING WITHOUT CONTRAST

Date _____/_____/_____

Name (First, Last)_____ Age _____ Height_____ Weight_____

Date of Birth _____/_____/____ Male ☐ Female ☐ Decline to state ☐ Telephone (____) ____-_____

1. Have you had a previous MRI Examination? ☐ No ☐ Yes

   If yes, please list:

Facility name & city	Approximate date	Body part imaging
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Have you experienced any problem related to a previous MRI examination or MR procedure? ☐ No ☐ Yes

   If yes, please describe: _____

3. Have you had an injury to the eye involving a metallic object or fragment (e.g., metallic slivers, shavings, foreign body, etc.)? ☐ No ☐ Yes

   If yes, please describe: _____

4. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)? ☐ No ☐ Yes

   If yes, please describe: _____

5. Are you currently taking or have you recently taken any medication or drug?

   If yes, please list: _____

6. Are you allergic to any medication? ☐ No ☐ Yes

   If yes, please list: _____

7. Do you have a history of asthma, allergic reaction, respiratory disease, or reaction to a contrast medium or dye used for an MRI, CT, or X-ray examination? ☐ No ☐ Yes

8. Have you had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind? ☐ No ☐ Yes

   If yes, please indicate the date and type of surgery:

   Date: _____ Type of surgery_____

   Date: _____ Type of surgery_____

9. Are you pregnant or do you think you could be pregnant? ☐ No ☐ Yes

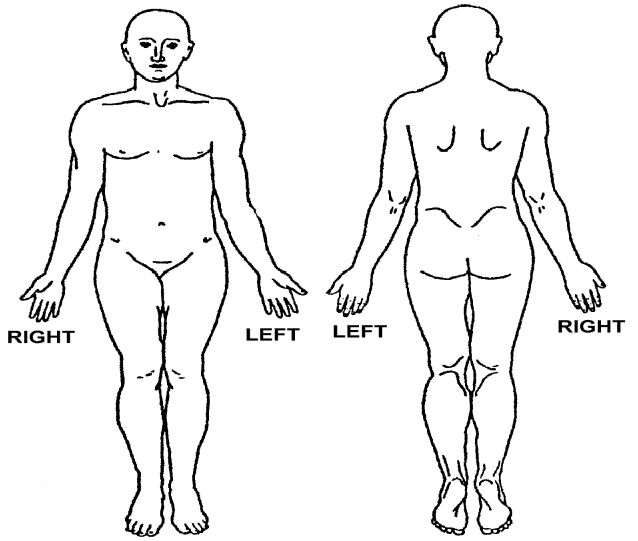
	IMPORTANT INSTRUCTIONS
	**Before entering the MR environment or MR system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners, and clothing with metallic threads.** **Please consult the MRI Operator if you have any question or concern BEFORE you enter the MR system room.**

	WARNING:	Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MRI procedure. Do not enter the MR system room if you have any question or concern regarding an implant, device, or object. Consult the MRI Operator BEFORE entering the MR system room. The MR system magnet is ALWAYS on.

Please indicate if you have any of the following:

☐ Yes	☐ No	Aneurysm clip(s)
☐ Yes	☐ No	Cardiac pacemaker
☐ Yes	☐ No	Implanted cardioverter defibrillator (ICD)
☐ Yes	☐ No	Electronic implant or device
☐ Yes	☐ No	Magnetically-activated implant or device
☐ Yes	☐ No	Neurostimulation system
☐ Yes	☐ No	Spinal cord stimulator
☐ Yes	☐ No	Internal electrodes or wires
☐ Yes	☐ No	Bone growth/bone fusion stimulator
☐ Yes	☐ No	Cochlear, otologic, or other ear implant
☐ Yes	☐ No	Insulin or other infusion pump
☐ Yes	☐ No	Implanted drug infusion device
☐ Yes	☐ No	Any type of prosthesis (eye, penile, etc.)
☐ Yes	☐ No	Heart valve prosthesis
☐ Yes	☐ No	Eyelid spring or wire
☐ Yes	☐ No	Artificial or prosthetic limb
☐ Yes	☐ No	Metallic stent, filter, or coil
☐ Yes	☐ No	Shunt (spinal or intraventricular)
☐ Yes	☐ No	Vascular access port and/or catheter
☐ Yes	☐ No	Radiation seeds or implants
☐ Yes	☐ No	Swan-Ganz or thermodilution catheter
☐ Yes	☐ No	Medication patch (Nicotine, Nitroglycerine)
☐ Yes	☐ No	Any metallic fragment or foreign body
☐ Yes	☐ No	Wire mesh implant
☐ Yes	☐ No	Tissue expander (e.g., breast)
☐ Yes	☐ No	Surgical staples, clips, or metallic sutures
☐ Yes	☐ No	Joint replacement (hip, knee, etc.)
☐ Yes	☐ No	Bone/joint pin, screw, nail, wire, plate, etc.
☐ Yes	☐ No	IUD, diaphragm, or pessary
☐ Yes	☐ No	Dentures or partial plates
☐ Yes	☐ No	Tattoo or permanent makeup
☐ Yes	☐ No	Body piercing jewelry
☐ Yes	☐ No	Hearing aid (Remove before entering MR system room)
☐ Yes	☐ No	Other implant
☐ Yes	☐ No	Breathing problem or motion disorder

Please mark on the figure(s) below the location of any implant or metal inside of or on your body.



NOTE: You may be advised or required to wear earplugs or other hearing protection during the MR procedure to prevent possible problems or hazards related to acoustic noise.

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.

Signature of Person Completing Form: _____ Date _____/_____/_____
Signature

Form Completed By: ☐ Participant ☐ Relative _____ _____
Print name Relationship to participant

Form information reviewed by: _____ _____
Print name Signature