

NMR CENTER MRI SAFETY SCREENING QUESTIONNAIRE

Required Identification Information:

Name _____ Date of exam _____
Patient number _____ Sex: M/F Age _____ Wt _____
Principal Investigator _____ Protocol number _____

Optional Demographic Information:

Race: ___ White ___ African American ___ Hispanic ___ Asian or Pacific Islander
 ___ Native American

Date of birth ___/___/___ Height _____

Did you grant informed consent to participate in the MR study _____ yes no

Check this box (instead of completing the questions below) if this questionnaire was completed for the subject within the past year and none of the answers have changed (i.e. no change in medical status or surgery, including pregnancy).

1. Have you had any previous MRI studies at NIH? yes no
2. Have you ever worked with metal (grinding, fabrication, etc.) or ever had an injury to the eye involving a metallic object (e.g., metallic slivers, foreign body)? yes no
If yes, please describe: _____
3. Have you ever had surgery or any similar invasive procedure? yes no
If yes please list all prior surgeries and approximate dates: _____

4. Women: Are you or might you be pregnant:? yes no
Are you currently breast feeding? yes no
5. Do you have a history of renal disease, seizure, asthma, or allergic respiratory disease? yes no
6. Do you have any drug allergies? yes no
If yes, please describe: _____
7. Have you ever had a reaction to a contrast medium used for MRI or CT? yes no

Do you have any of the following items?

Cardiac pacemaker	yes no	Any type of prosthesis (eye, penile)	yes no
Implanted cardiac defibrillator	yes no	Heart valve prosthesis	yes no
Aneurysm clip	yes no	Shunt (spinal/intraventricular)	yes no
Neurostimulator	yes no	Wire sutures or surgical staples	yes no
Insulin or infusion Pump	yes no	Bone/joint pin, screw, nail, plate ...	yes no
Implanted drug infusion device	yes no	Tattooed makeup (eyeliner, lip, etc)	yes no
Cochlear, otologic, or ear implant	yes no	Body piercing(s)	yes no
Transdermal medication patch (Nitro)	yes no	Any metallic implants or objects ...	yes no

If an above item is found, the MRI scan should be approved by the medically responsible investigator. Physician signature _____

Reminder: remove metallic objects including keys, hair pins, barrettes, jewelry, watch, safety pins, paperclips, money clip, credit cards, hearing aids, dentures, coins, pens, belt, metal buttons etc.

Patient signature _____ date _____

Completed by _____ date _____