Columbia Radiology MRI Center
At the Neurological Institute
710 West 168th St – Basement
New York City, NY 10032

MR SCREENING FORM

Date: ____/_____/______

To be completed by researcher:

Subject Name:___________________________ Gender: M / F DOB: ___/____/_____ Weight(lbs): _________

Study Name:___________________________________ Subject ID_____________________________________

Principal Investigator/Coordinator:__________________________________ IRB#_________________

Please indicate the following:

Mark the "yes" or "no" box for each question.

1. Have you experienced any problem related to a previous MRI examination or MR procedure? ☐ Yes ☐No
2. Have you previously worked with metal or had an injury to the eye involving metallic objects or fragments (e.g. metallic silvers, shavings, foreign body, etc.)? ☐ Yes ☐No
3. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.) ☐ Yes ☐No
4. Are you claustrophobic? ☐ Yes ☐No
5. Are you pregnant, or do you think you may be pregnant? ☐ Yes ☐No

Please indicate any medical conditions:

☐ Yes ☐No Limited Thermoregulation
☐ Yes ☐No Cardiovascular disease
☐ Yes ☐No Diabetes
☐ Yes ☐No Respiratory disease
☐ Yes ☐No Surgeries/ Operations
☐ Yes ☐No Hypertension/Hypotension
☐ Yes ☐No Renal disease
☐ Yes ☐No Seizure
☐ Yes ☐No Medications
☐ Yes ☐No Other

If you have other conditions, or answered yes to any of the above, please specify more details:

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The following items may be harmful to you in an MR setting or may interfere with image quality.
Please mark "yes" or "no" for every item as appropriate.

☐ 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 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 infusion pump/device
☐ Yes ☐No Eyelid spring or wire
☐ Yes ☐No Wire mesh implants
☐ Yes ☐No Artificial or prosthetic limb
☐ Yes ☐No Wire mesh implants, Patches
☐ Yes ☐No Heart valve prosthesis
☐ Yes ☐No Joint replacement (hip, knee, etc.)
☐ Yes ☐No Bone/Joint pin, screw, nail, wire, plate
☐ Yes ☐No Metallic stent, filter, or coil
☐ Yes ☐No Any type of prosthesis (eye, penile, etc)
☐ Yes ☐No Eye implant
☐ Yes ☐No Braces, dental implants, retainers
☐ Yes ☐No IUD or diaphragm
☐ Yes ☐No Tattoos or permanent make-up
☐ Yes ☐No Pins/clips in hair, clothes
☐ Yes ☐No Removable retainers/dentures
☐ Yes ☐No Body piercings/ jewelry
☐ Yes ☐No Hearing aids
☐ Yes ☐No Wig/ Hair extensions
☐ Yes ☐No Underwire bra/ Anti-fungal underwear
☐ Yes ☐No Colored contact lenses

If you have answered yes to any of the above, please specify more details on the next page

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Details:

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ALL IMPLANTS MAY BE HAZARDOUS TO YOUR HEALTH IN PRESENCE OF STRONG MAGNETIC FIELDS
I understand that I must remove all electronic items, or any items that have magnetic properties, including but not limited to the following: phones, beepers, fitbits, cameras, credit cards, watches, magnetic strip cards, etc.

I will not bring in any metal item into the MRI scan room during my scan, including but not limited to the following: keys, knife, coins, eyeglasses, jewelry, piercings, safety pins, hair clips, money/paper clips, mail clips, pens, toupees/ wigs/ weaves and any other metal apparel and any other objects that might be attracted to the magnet.

I understand I am required to wear earplugs and/or headphones during the MR scan.

I attest 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 about this form and ask questions regarding the MR procedure.

____ __________________
Signature of Research Participant Date

MR SYSTEM USER ONLY:

1. MR System operator reviewed the MR Safety Screening form?	☐ Yes ☐No
2. MR System operator discussed the potential MR side effects?	☐ Yes ☐No
3. Subject removed all jewelry, piercings, etc?	☐ Yes ☐No
4. Subject was verbally screened by MR operator?	☐ Yes ☐No
5. Subject was wanded using metal wand detector?	☐ Yes ☐No
6. MR System operator asked subject if he/she has a pacemaker/implants?	☐ Yes ☐No

____________________________________ ______________________________
Name of MR operator Signature of MR operator