UT Dallas BrainHealth Imaging Center

MAGNETIC RESONANCE IMAGING (MRI) SAFETY SCREENING FORM

Date _____/_____/_____

Name _____ Date of Birth _____/_____/_____
Last Name First Name Middle Initial

☐ Male ☐ Female Age _____ Height _____ Weight _____

Have you ever had prior surgery or an operation of any kind? ☐ No ☐ Yes
If yes, please list:
Type of procedure: _____ Date: _____/____/_____
Type of procedure: _____ Date: _____/____/_____
Type of procedure: _____ Date: _____/____/_____

Have you experienced any problem related to a previous MRI procedure? ☐ No ☐ Yes
If yes, please describe: _____

Have you ever had an injury to the eye involving a metallic object (slivers, shavings, foreign body, etc.)? ☐ No ☐ Yes
If yes, please describe: _____

Have you ever been injured by a metallic object or foreign body (bullet, BB, shrapnel, etc.)? ☐ No ☐ Yes
If yes, please describe: _____

Do you have a history of seizure disorder or epilepsy? ☐ No ☐ Yes
If yes, please describe: _____

Female Participants: Are you pregnant, or is there a possibility that you are pregnant? ☐ No ☐ Yes ☐ Post-menopausal
If yes or unsure, please notify MRI or research personnel.

Have experimenters explained all procedures involved in this study and answered all of your questions? ☐ No ☐ Yes

Have you signed a consent form explaining the procedures, your compensation, and rights as a research participant? ☐ No ☐ Yes

IMPORTANT INSTRUCTIONS

- **The powerful magnetic field of the MRI system is ALWAYS ON!**
- **Certain implants, devices or objects may be hazardous and/or interfere with the MRI procedure.**
- **Before entering the MRI room, you may be required to change into a gown and must remove all metal and electronic items including keys, hair pins, jewelry, watch, safety pins, credit cards, pens, belt, pocket knife, clothing with any metallic materials, hearing aids, cell phones and other devices.**
- **Due to high noise levels during scanning, hearing protection is required and will be provided.**
- **If you have questions or concerns, consult with MRI staff BEFORE entering the scan room.**

Do you have any of the following? Answers are required for every item below

Cardiac Pacemaker ☐ Yes ☐ No	Coronary stent ☐ Yes ☐ No
Implanted Cardioverter Defibrillator (ICD) ☐ Yes ☐ No	Heart valve replacement ☐ Yes ☐ No
Internal or external electrodes or wires ☐ Yes ☐ No	Metal or fabric mesh implants ☐ Yes ☐ No
Cardiac loop recorder ☐ Yes ☐ No	Surgical staples, clips or metallic sutures ☐ Yes ☐ No
Aortic clip, coil, stent, graft ☐ Yes ☐ No	Tattooed makeup (eyeliner, etc.) ☐ Yes ☐ No
Aneurysm clip or coil ☐ Yes ☐ No	IUD, diaphragm or pessary ☐ Yes ☐ No
Stent, filter, coil (carotid, IVC, legs, etc.) ☐ Yes ☐ No	Artificial limb or joint (hip, knee, etc.) ☐ Yes ☐ No
Metal fragments (bullet, BB, shrapnel) ☐ Yes ☐ No	Orthopedic hardware (screw, plate, etc.) ☐ Yes ☐ No
Shunt (spinal, intraventricular, VP) ☐ Yes ☐ No	Vascular access port and/or catheter ☐ Yes ☐ No
Neurostimulator (DBS, spine, bladder, etc.) ☐ Yes ☐ No	Dental hardware (braces, retainers, etc.) ☐ Yes ☐ No
Bone growth/fusion stimulator ☐ Yes ☐ No	Dentures (remove before MRI) ☐ Yes ☐ No
External insulin or other infusion pump ☐ Yes ☐ No	Hearing aid (remove before MRI) ☐ Yes ☐ No
Implanted infusion device ☐ Yes ☐ No	Medication patch (remove before MRI) ☐ Yes ☐ No
Any implant held in place/activated by a magnet ☐ Yes ☐ No	Ear/body piercings (remove before MRI) ☐ Yes ☐ No
Tissue expander (breast, etc.) ☐ Yes ☐ No	Any piercings that can't be removed ☐ Yes ☐ No
Eyelid spring, wire, weight or other eye implant ☐ Yes ☐ No	Any other items not listed ☐ Yes ☐ No
Cochlear or other ear implant ☐ Yes ☐ No	Breathing disorder ☐ Yes ☐ No
Prosthesis (eye, penile, etc.) ☐ Yes ☐ No	Movement disorder ☐ Yes ☐ No
Endoscopy capsule camera ☐ Yes ☐ No	Claustrophobia ☐ Yes ☐ No
Any other implant, even if no longer active ☐ Yes ☐ No	Anxiety ☐ Yes ☐ No

Please provide details regarding any question(s) answered YES above: _____

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I attest that the information I provided on this form 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 and the MRI procedure that I am participating in.

Form completed by ☐ Participant ☐ Other (specify relation) _____

Printed name of person completing form _____

Signature of person completing form _____ Date _____/_____/_____

For MRI personnel use

Form reviewed by Level 2 MR Personnel:

Print Name/Title _____

Signature _____ Date _____/_____/_____