



MRI Screening Form

UM Center for Brain Imaging Research
Maryland Psychiatric Research Center
University of Maryland
55 wade Ave, Catonsville MD 21228

Date ____/____/____

Patient Number _____

Name _____
Last name First name Middle Initial

DOB _____ Male _____ Female _____

Height _____ Weight _____

1. 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: _____

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 allergic to any medication? _ No _ Yes
If yes, please list: _____

6. 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

7. Do you have tattoos, permanent make-up done in the last 2 months? _ No _ Yes
If yes, location? _____

8. Do you have hair extensions? _ No _ Yes

9. Do you have any non-removable piercings? _ No _ Yes
If yes, location? _____

10. Do you have metal in your body (**pacemaker**, plates, aneurysm clips/coils, deep brain stimulator, pins, rods, joints, pellets, cochlear implants, etc.)? _ No _ Yes
If yes, please describe: _____

11. Have you ever been employed as a farm worker, metal grinder, or welder? _ No _ Yes

12. Do you wear dentures, partials, braces, or a non-removable orthodontic retainer? _ No _ Yes

13. Have you ever considered yourself to be claustrophobic? _ No _ Yes

For female patients:

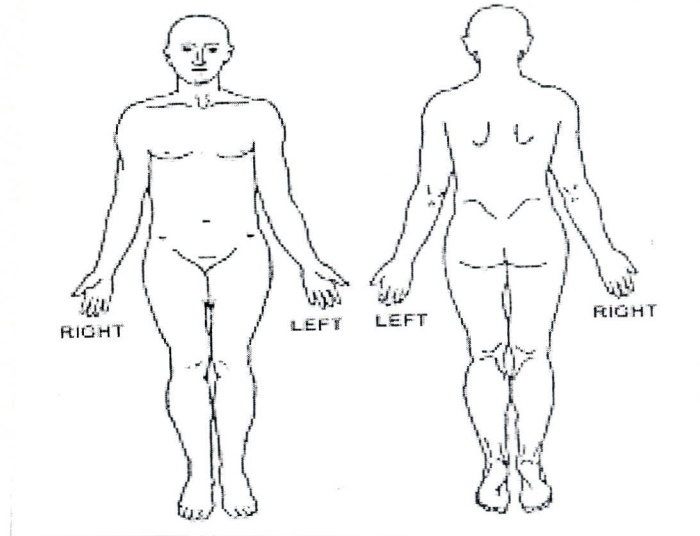
14. Are you pregnant or could you possibly be pregnant? _ No _ Yes

WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI, MR angiography, functional MRI, MR spectroscopy). **Do not enter** the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist or Radiologist 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) or coils
- _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 (Deep Brain Stimulator)
- _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
- _Yes _No Claustrophobia

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



IMPORTANT INSTRUCTIONS

Before entering the MR environment or MR system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, 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, & clothing with metallic threads.

Please consult the MRI Technologist or Radiologist if you have any question or concern BEFORE you enter the MR system room.

NOTE: You are required to wear earplugs or other hearing protection during the MRI procedure

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 Initials

Screened By: _____ Date ____/____/____
Signature Initials