

# MAGNETIC RESONANCE ENVIRONMENT SCREENING QUESTIONNAIRE



This MR system has a very strong magnetic field that may be hazardous to individuals entering the magnet room if they have certain metallic, electronic, magnetic, or mechanical implants, devices or objects. Therefore, all individuals are required to fill out this form **BEFORE** entering the magnet room. Be advised, the magnet is **ALWAYS ON**.

1. Have you had prior surgery or an operation (eg. arthroscopy, endoscopy, etc) of any kind?  Yes  No  
If yes, please provide: Date \_\_\_\_\_ Type of surgery \_\_\_\_\_
2. Have you had an injury to the head or eye involving a metallic object (e.g. metallic slivers, foreign body)?  Yes  No  
If yes, please describe: \_\_\_\_\_
3. Have you ever been injured by a metallic object (e.g. BB, bullet, shrapnel, welding accident, etc.)?  Yes  No  
If yes, please describe: \_\_\_\_\_
4. Are you pregnant, suspect you may be pregnant or attempting to conceive?  Yes  No
5. Have you had a previous contrast dye reaction?  Yes  No



**WARNING:** Certain implants, devices or objects may be hazardous to you in the MR environment or the magnet room. DO NOT ENTER the MR environment or the magnet room if you have any of the following implants, devices or objects.

**Please indicate if you have any of the following:**

- Yes  No Aneurysm clip(s)
- Yes  No Cardiac pacemaker, pacemaker wires, or stents
- Yes  No Implanted cardioverter defibrillator (ICD)
- Yes  No Electronic or magnetically-activated implant or device (electrodes, wires, metallic filter or coil)
- Yes  No Neurostimulation system, spinal cord stimulator
- Yes  No Implanted or transcutaneous bio-stimulator (spinal cord, bone growth/bone fusion, tens unit, etc.)
- 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 (heart valve, eyelid spring/wire, penile, limb, etc.)
- Yes  No Shunt (spinal or intraventricular)
- Yes  No Vascular access point 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 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 Tissue expander (e.g. breast)
- Yes  No IUD, diaphragm, or pessary
- Yes  No Tattoo or permanent makeup
- Yes  No Body piercing jewelry

- Yes  No Dentures/partial plates, dental work other than fillings (*Must be removed*)
- Yes  No Hearing aid (*Must be removed before entering the magnet room*)
- Yes  No **Other implant** \_\_\_\_\_
- Yes  No Breathing problem or motion disorder
- Yes  No Do you have claustrophobia?



## IMPORTANT INSTRUCTIONS

**Remove all metallic objects before entering the MR environment or magnet room including:**

- Hearing aids
- Paperclips
- Dentures
- Money clip
- Beeper
- Credit cards
- Cell phone
- Bank cards
- Keys
- Magnetic strip cards
- Eyeglasses
- Coins
- Hair pins
- Pens
- Wigs
- Pocket knife
- Barrettes
- Nail clipper
- Watch
- Steel-toed boots/shoes
- Safety pins
- Tools
- Jewelry (including body piercing jewelry)

**Loose metallic objects are especially prohibited in the magnet room and MR environment.**

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form.

Person Completing Form: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Print Name Signature

Form Reviewed By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Print Name Signature