

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

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