



Advanced Imaging Research Center
MRI Subject Screening Questionnaire

Subject Name: _____ IRB#: _____
Sex: _____ Age: _____ Weight: _____ Height: _____ Subject Number: _____

This questionnaire is designed to assist us in determining if it is safe for you to undergo a magnetic resonance imaging procedure. It is important that you answer all of the following questions. If you don't understand any question, please ask for assistance.

- 1. Do you have a pacemaker, wires, defibrillator, or implanted heart valves? Yes No Don't Know
2. Have you ever had any head surgery requiring aneurysm clips? Yes No Don't Know
3. Have you ever had ANY other surgeries? Yes No Don't Know
If YES,
A. Do you have any metal pin, joint, prosthesis or metallic objects in, or attached to, your body? Yes No Don't Know
B. Do you have any type of electric device (stimulator or pump) implanted in your body? Yes No Don't Know
4. Have you ever had a reaction to a contrast agent used for MRI, CT or X-ray? Yes No Don't Know
5. Have you ever been exposed to metal fragments that could be lodged in your eyes or body? Yes No Don't Know
6. Do you have a hearing aid, middle/inner ear prosthesis or dentures? Yes No Don't Know
7. Do you have or have you ever had tattoos, tattooed eyeliner, magnetic eyelashes, lip liner, or body piercing? Yes No Don't Know
8. Do you wear a transdermal patch (nitroglycerin or nicotine)? Yes No Don't Know
9. Do you have a history of panic attacks or a fear of enclosed or narrow places? Yes No Don't Know
10. Do you have a history of drug or food allergies? Yes No Don't Know
11. Do you have a history of renal disease, seizure, asthma, or emphysema? Yes No Don't Know
12. Are you wearing undergarments and/or pants that contain metal wire/parts? Yes No Don't Know
13. Do you have birth control IUD (Intrauterine Device) implanted in your body? Yes No Don't Know
14. Are you pregnant, or is it possible that you might be pregnant? Yes No Don't Know
15. Are you breastfeeding? Yes No Don't Know
16. Is there any other item or device you believe we should know about prior to performing the procedure- if yes, please describe:

I certify that I have read and understood the questions asked in this questionnaire and that the above responses are correct to the best of my knowledge. I understand that it is my responsibility to inform OHSU staff of any metal fragments and/or devices that may be in my body and that by failing to do so may cause serious bodily injury or be life threatening.

Patient or Legal Representative Signature Print Name and Authority (if legal representative) Date

Witness or Interpreter Signature Print Name Date

I have reviewed the MRI screen form with the subject and have determined that it is safe for him/her to proceed with the MR study as outlined in the consent.

Principal Investigator/Physician/Registered Nurse Print Name and Title Date