

PLEASE NOTE:

The safety screening form is NOT to be signed until the day of your scan. It must be signed in the presence of the researcher or a designated DISC staff member.

This form is included here for your information only.



MAGNETIC RESONANCE SCREENING FORM

Dynamic Imaging Science Center (DISC)

University of Southern California, Los Angeles, CA 90089

For Office Use Only

ID No.:

Date _____ / _____ / _____

Name _____ Birthdate _____

Last name

First name

M.I.

Height _____ Weight _____ Gender: Male Female Other Phone (_____) _____

Race: Amer. Indian Asian Black Hawaiian White More than one race Unknown Ethnicity: Hispanic/Latino Not Hispanic/Latino Other

Address _____ City _____

State _____ Zip _____ Emergency Contact Name _____ Phone _____

Physician's name & address _____ Phone _____

1. Have you ever had surgery or other invasive procedures? Yes No If yes, please list below.

Type: _____ Date _____ / _____ / _____

Type: _____ Date _____ / _____ / _____

2. Have you had any previous MRI studies? Yes No If yes, please list below.

Area of Body

Date

Facility Name & Location

_____ / _____ / _____

_____ / _____ / _____

3. Have you ever worked as a machinist, metal worker, or in any profession or hobby grinding metal? Yes No
had an injury to the eye involving a metallic object (e.g. metallic slivers, shavings, or foreign body)? Yes No

4. Are you pregnant, possibly pregnant or breast feeding? Yes No

5. Do you have Sick Cell Anemia or Thalassemia? Yes No

The MRI room contains a very strong magnet. Some metal objects can interfere with your scan or even be dangerous. Before you are allowed to enter, we must know if you have any metal in your body or have experienced any of the conditions listed below. Please check the correct answer from each of the following:

Yes	No	Cardiac pacemaker	Yes	No	Shrapnel, buckshot, or bullets
Yes	No	Implanted cardiac defibrillator	Yes	No	Tattooed eyeliner or eyebrows
Yes	No	Aneurysm clip or brain clip	Yes	No	Body piercing(s)
Yes	No	Carotid artery vascular clamp	Yes	No	Metal fragments (eye, head, ear, skin)
Yes	No	Neurostimulator	Yes	No	Internal pacing wires
Yes	No	Insulin or infusion pump	Yes	No	Aortic clips
Yes	No	Spinal fusion stimulator	Yes	No	Metal or wire mesh implants
Yes	No	Cochlear, otologic, ear tubes or ear implant	Yes	No	Wire sutures or surgical staples
Yes	No	Prosthesis (eye/orbital, penile, etc.)	Yes	No	Harrington rods (spine)
Yes	No	Implant held in place by a magnet	Yes	No	Bone/joint pin, screw, nail, wire, plate
Yes	No	Heart valve prosthesis	Yes	No	Wig, toupee, or hair implants
Yes	No	Artificial limb or joint	Yes	No	Hearing aid (Remove before scan)
Yes	No	Other implants in body or head	Yes	No	Dentures or retainers (Remove before scan)
Yes	No	Electrodes (on body, head or brain)	Yes	No	Asthma or breathing disorders
Yes	No	Intravascular stents, filters, or	Yes	No	Seizures or motion disorders
Yes	No	Shunt (spinal or intraventricular)	Yes	No	Hospitalization for mental or neurological illness
Yes	No	Vascular access port or catheters	Yes	No	Head Trauma
Yes	No	IUD or diaphragm	Yes	No	Migraine Headache
Yes	No	Transdermal delivery system or other types of foil	Yes	No	Panic attack
		patches (e.g. Nitro, Nicotine, Birth control, etc.)	Yes	No	Stroke

Please remove **all metallic objects** before MR examination including: keys, hair pins, barrettes, jewelry, watch, safety-pins, paperclips money clip, credit cards, coins, pens, belt, metal buttons, pocket knife, & clothing with metal in the material. Ear protection is required during the MRI examination.

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 I have had the opportunity to ask questions regarding the information on this form.

Signature: _____ Date _____

Reviewed by: _____ Date _____