

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 _____ Height _____ Weight _____
Last name First name M.I.

Birthdate _____ Phone (H) (_____) (W) (_____) _____

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 Sickle 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 patches (e.g. Nitro, Nicotine, Birth control, etc.) | Yes No Panic attack |
| | 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 _____