CAMRI MRI Screening Form for Research Participants

Thank you for your interest in the MRI studies at the Core for Advanced MR Imaging at Baylor College of Medicine. Prior to receiving an MRI scan, we require the information in the form below. Your answers to these questions will improve our research by helping us to better understand our subject population. This will also ensure that your time in the scanner is safe and comfortable, so please provide accurate and complete answers. The answers you provide will remain confidential.

==**Please provide explanation for all yes answers and check each individual box.**==

TO BE COMPLETED BY PATIENT		
If you have any of the following- STOP and alert the staff now	**YES**	**NO**
Heart pacemaker or defibrillator		
Spinal Cord stimulator		
Implanted infusion pump		
Hearing implants		
Other implantable/external electronic devices		
Cerebral aneurysm clips		
Tissue Expanders		
Pill/Cam (Capsule Endoscopy) (in last 48 hours)		
Have you ever had any metal in your eyes?		
Are you a metal worker/ welder?		
Bullet fragments/shrapnel injuries		

If you answered NO to all the above, please continue	YES	NO
Aortic clips, Brain clips or Abdominal clips		
Shunts/ stents		
Dental braces/Retainer/ Oral implants		
Heart valves		
Inferior Vena Cava Filter (IVC) filter (umbrella)		
Intrauterine device (IUD)		
Joint replacements		
Limb prosthesis		
Metal mesh		
Metal tracheostomy		
Penile implants		
Rods/Screws/Plates		
Port/Port-a-Cath		
Piercings that cannot be removed		
Tattoos, permanent eyeliner, or eyebrows		
Currently wearing colored Contacts?		
Are you currently wearing a wig?		
Are you claustrophobic?		
Is there any chance of pregnancy?		
Do you require eyeglasses to see computer screen while sitting at desk?		
List any surgeries that you have had:		
List any other medical devices or biomedical devices you have:		

PLEASE DO NOT BRING INTO SCAN ROOM: Metal objects & electronic devices such as: *phone, wallet- credit cards, hotel room key cards, parking chips, hearing aids, watch, pens, etc.*

==*Please provide the following subject information:*==

DOB:_____   Weight:_____   Height:_____   Sex:_____   Ethnicity:_____

_____   _____
Patient Signature   Date   Print Name

_____   _____
MRI Tech/ Trained User   Date   Print Name

Researcher for study: _____