

MRI Screening Questionnaire Brain Imaging Center, University of Missouri

Participants Name:
Date of birth:
Weight (lbs.):
Research Group:
Scan Date:

Circle either Yes or No for each item that may pertain to you. The MRI scanner operator will review this questionnaire with you.

ABSOLUTE Contraindications:

The following items are not permitted in the MRI environment

- | | |
|-------------------------------|--|
| Y / N Cardiac Pacemaker | Y / N Cochlear Implant in Ear |
| Y / N Cardiac Defibrillator | Y / N Metal Foreign Body imbedded in Eye |
| Y / N Cerebral Aneurysm Clips | Y / N Deep Brain Stimulators |

CONDITIONAL Contraindications:

Items that may affect whether or not you may or may not proceed with the MRI scan.

- | | |
|--|---|
| Y / N Vascular Stents, Filters, or Coils (unknown variety of material) | Y / N Shrapnel, Buckshot, or Bullets |
| Y / N Shunt (spinal or ventricular) | Y / N Tattoos on Head, Face, or Neck (potential heating in transmit coil for brain scans) |
| Y / N Neurostimulator (Tens unit) | Y / N Tattoos on Other Body Part to be Scanned |
| Y / N Biomedical Implants | Y / N Dental Work done in Eastern Europe |
| Y / N Bio-Stimulation Devices | Y / N Dentures (remove for scan) |
| Y / N Metal Implants in Body or Head | Y / N Hearing Aid (remove for scan) |
| Y / N Electrodes (on body, head, or brain) | Y / N Internal Pacing Wires |
| Y / N Insulin Pump | Y / N Watches, Metallic Jewelry, Non-Removable Piercings |
| Y / N Prosthesis (unknown variety of material) | Y / N Items in Your Pockets |

Imaging Artifacts:

Items may result in poor image quality due to artifact.

- | | |
|-------------------------------------|-------------------------------------|
| Y / N Bone or Joint Pins | Y / N Harrington Rods for Scoliosis |
| Y / N Facial Reconstruction Surgery | Y / N Braces or Permanent Retainers |

Additional precautions for participating in an MRI study.

Claustrophobic? Y / N

Pregnant? Y / N

Major surgeries? Y / N

Any metal left in your body from surgery or trauma? Y / N

Any medical devices attached or implanted in your body? Y / N

Any medical history that has not been addressed? Y / N

For MRI scans involving a contrast agent.

Date of last blood draw? _____

Have you ever had a reaction to MRI, CT or X-ray contrast? Y / N

List of medications:

Research Participant Signature: _____

Screened by: _____

Date of Return: _____ *No Changes* *Changes Indicated Above*

Research Participant Signature: _____

Screened by: _____

Date of Return: _____ *No Changes* *Changes Indicated Above*

Research Participant Signature: _____

Screened by: _____

Date of Return: _____ *No Changes* *Changes Indicated Above*

Research Participant Signature: _____

Screened by: _____