**CU Anschutz Brain Imaging Center**

**MRI Research Subject Screening Form**

**Name**       **Date**:

**Birthdate**       **Age**   **Male/Female**   **Weight**     (lbs)

**Allergies:**       **Height**

**Allergy to Latex: YES/NO**

Have you ever had a surgical operation or procedure of any kind? **Yes/No**

If yes, list type of surgery:

**Have you ever been injured by a bullet, BB, or shrapnel? Yes/No**

If yes, has it been removed?

Have you had an injury from a metal object in your eye (metal slivers)? **Yes/No**

**If yes, did you seek medical attention? Yes/No**

**Are you pregnant or suspect you may be pregnant? Yes/No**

The following items can interfere with MR imaging and some can actually be *hazardous* to your safety.

Please check (yes/no) if you have any of these items:

**Yes/No**

   **Aneurysm clip (on blood vessel)**

   **Cardiac** **Pacemaker, pacing wires, or implanted cardioverter defibrillator (ICD)**

   **Clips places** **within the gastrointestinal tract (resolution clip, Olympus, etc)**

   Artificial heart valve; list type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

   Cochlear (ear) implant; list type \_\_\_\_\_\_\_\_\_\_\_\_\_\_

   IUD, diaphragm, or pesary; if yes, list type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

   Stents, filters or coil (cardiac stents, Greenfield filters, etc.) type:\_\_\_\_\_\_\_\_\_

   Shunt (spinal or intraventricular); list type \_\_\_\_\_\_\_\_\_\_\_\_\_\_

   Any type of prosthesis (eye, penile, etc.); list type \_\_\_\_\_\_\_\_\_\_\_\_\_

   Any implanted devices (bone growth stimulator, medication pump, etc.) type:\_\_\_\_\_\_

   Medication patches (Nicotine, Nitroglycerine, etc) *may need to remove\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

   Artificial limb or joint (including hip or knee replacements)

   Pin, screw, nail, wire, or plate in any bone or joint

   Body piercing jewelry

   Tattoo or permanent makeup

   Dentures; partial plates; retainer; temporary spacers

   Hearing aid *(need to remove)*

1. You will need to use headphones and/or earplugs that we supply

2. Remove all jewelry (earrings, necklaces, rings)

3. Remove all hair pins, bobby pins, barrettes, hair ties

4. Remove all dentures, partial dental plates, retainers

5. Remove watch, pager, cell phone, credit cards

6. Remove body piercings, eyeglasses, hearing aids

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Legal Guardian (if minor):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of MR Personnel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rev: 09/04