UBC MRI RESEARCH CENTRE | PET/MRI IMAGING CENTRE

Everyone MUST complete the following questionnaire prior to MRI scan.

MRI SAFETY SCREENING FORM

SUBJECT INFORMATION (fill in at time of scan only)

LAST NAME, FIRST NAME

DATE OF BIRTH: YYYY | MM | DD

HEIGHT ☐ cm ☐ ft' in" | WEIGHT ☐ kg ☐ lbs

SUBJECT STUDY ID

YOUR SAFETY IS VERY IMPORTANT TO US; PLEASE COMPLETE THE FOLLOWING TO HELP US KEEP YOU SAFE

LIST PRIOR SURGERY AND DATE OF SURGERY:

LIST ANY MEDICAL PROCEDURES IN THE LAST 6 WEEKS (INLCUDE INJECTIONS, BIOPSIES, COLONOSCOPIES):

LIST ANY ALLERGIES:

INDICATE IF YOU HAVE A HISTORY OF:

- ☐ Kidney Disease
- ☐ Kidney Surgery
- ☐ High Blood Pressure
- ☐ Diabetes
- ☐ Gout
- ☐ On Dialysis

		YES	NO	UNSURE	DESCRIPTION
1	Injury of metal to the eyes	☐	☐	☐	
2	Injury by metallic object/foreign body(bullellet,shrapnel,etc.)	☐	☐	☐	
3	Brain aneurysm clip	☐	☐	☐	
4	Cardiac pacemaker, defibrillator or wires	☐	☐	☐	
5	Neurostimulator	☐	☐	☐	
6	Electronic device or implant (pill cam, infusion pump, etc.)	☐	☐	☐	
7	Shunt	☐	☐	☐	
8	Stents, filters or coils	☐	☐	☐	
9	Cochlear (middle ear) implant	☐	☐	☐	
10	Hearing aid	☐	☐	☐	
11	Eye implant, eyelid spring or wire	☐	☐	☐	
12	Metal rods, pins, screws or joint replacements	☐	☐	☐	
13	Prosthesis (artificial heart valve, eye, limb, penile, etc.)	☐	☐	☐	
14	Breast tissue expander	☐	☐	☐	
15	Tattoos or permanent makeup	☐	☐	☐	
16	Body piercings	☐	☐	☐	
17	Medication patch or glucose monitoring sensor	☐	☐	☐	
18	Dentures, dental retainers, braces or implants	☐	☐	☐	
19	IUD, diaphragm or pessary	☐	☐	☐	
20	Breastfeeding	☐	☐	☐	
21	Known or possible pregnancy	☐	☐	☐	IF UNSURE, INDICATE LAST MENSTRUAL PERIOD: DATE YYYY | MM | DD
22	Claustrophobia	☐	☐	☐	PICK ONE NUMBER: Mild 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Severe

IMPORTANT INSTRUCTIONS: The MRI system has a very strong magnetic field that may be hazardous to individuals entering the MRI room if they have certain metallic, electronic, magnetic or mechanical implants, devices or objects. Before the examination, please remove all body piercings, jewelry, hearing aids, credit cards, coins, and other metallic items (earrings, watches, hair clips or pins, etc). You will be asked to change into hospital clothing and remove undergarments that are not 100% cotton or cotton/polyester blend. Athletic undergarments must be removed as they may contain metallic fibres and cause a skin burn. A locker will be supplied to secure your belongings.

I have reviewed the above information and attest that the information is accurate to the best of my knowledge. I have read and understand the entire contents of this form and had the opportunity to ask questions regarding this form and the MRI procedure.

SIGNATURE: (at time of scan only) | IF FORM NOT COMPLETED BY PATIENT, INDICATE RELATIONSHIP: | DATE YYYY | MM | DD

FOR STAFF USE

Tech Notes:

REVIEWING MRI TECHNOLOGIST: | DATE YYYY | MM | DD