

CU Anschutz Medical Campus Brain Imaging Center
MRI Research Subject Screening Form

ID# _____

Name (print) _____ Date: _____

Birthdate _____ Age _____ M ___ F ___ O ___ Height _____ in/cm

Allergies: _____ Weight _____ lbs/kg

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

If yes, please list type of surgery and approximate date: _____
(may use other side of form, if necessary)

Have you ever been injured by a bullet or shrapnel? Yes No

If yes, is it still inside your body? Yes No If yes, Where? _____

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

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

_____ _____ **Aneurysm clip or coils (clip on blood vessel in brain)**

_____ _____ Clips placed within the gastrointestinal tract (resolution clip, Olympus, etc) when? _____

_____ _____ Cochlear (ear) implant; 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) *may need to remove*; type: _____

_____ _____ IUD, diaphragm, or pessary; if yes, (*CopperT, Mirena, Skyla, Liletta safe*) list type _____

_____ _____ Artificial limb or joint (including hip or knee replacements)

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

_____ _____ Body piercing jewelry (*need to remove*)

_____ _____ Tattoo or permanent makeup **-MUST BE MORE THAN 6 WEEKS OLD** (*may get hot or burn*)

_____ _____ **Braces**, dentures; partial plates; retainer; temporary spacers, (*need to take out of mouth if removable*)

_____ _____ Hearing aid (*must be removed*)

_____ _____ **Nano-Silver or Copper infused undergarments** (must be removed)

_____ _____ Eyeglasses (if needed) please enter prescription _____

Instructions for Research Subjects

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 plates, retainers
5. Empty pockets (cell phone, credit cards, etc)
6. Remove body piercings, eyeglasses, hearing aids, watches

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): _____ (relationship) _____

Signature of MR Personnel _____