MEDICAL COLLEGE OF WISCONSIN
CENTER FOR IMAGING RESEARCH

Phone: (414) 955-5763
9072 W. Connell Avenue, Wauwatosa, WI 53226

MRI SCREENING FORM

Participant Name (First & Last): _____ Participant ID: _____

Date of Birth (M/D/YYYY): _____ Height: _____ Weight: _____

Allergies: _____ Study Name/PI: _____

Do you have or have you ever had:

☐ Yes	☐ No	Pacemaker or defibrillator or cardiac leads or wires
☐ Yes	☐ No	Neuro, bone or bladder stimulator or wires
☐ Yes	☐ No	Deep Brain Stimulator (DBS)
☐ Yes	☐ No	Pump (medication, insulin, pain)
☐ Yes	☐ No	Rods, pins or screws from surgery If so, where in your body: _____
☐ Yes	☐ No	Spinal surgery If so, name of surgeon: _____
☐ Yes	☐ No	Joint replacement
☐ Yes	☐ No	Prosthesis (artificial limbs, etc.)
☐ Yes	☐ No	Metallic stent, filter, shunt If so, type: _____
☐ Yes	☐ No	Worked with metal (welding, grinding, etc.) without eye protection
☐ Yes	☐ No	Aneurysm clip
☐ Yes	☐ No	Aneurysm coil
☐ Yes	☐ No	Ear implant: if so, type? _____
☐ Yes	☐ No	Eye implant: if so, type? _____
☐ Yes	☐ No	Hearing aid
☐ Yes	☐ No	Dentures, braces or orthodontic implant
☐ Yes	☐ No	Penile implant
☐ Yes	☐ No	Breast tissue expanders
☐ Yes	☐ No	Ventricular Assist Device (VAD)
☐ Yes	☐ No	Continuous Glucose Monitor (CGM)
☐ Yes	☐ No	Are you currently undergoing dialysis?
☐ Yes	☐ No	Do you receive iron infusions?
☐ Yes	☐ No	Gastric capsule camera
☐ Yes	☐ No	Any surgery in the area being scanned
☐ Yes	☐ No	Wearing a patch (medication, nicotine, etc.)
☐ Yes	☐ No	Over-the-counter silver bandage
☐ Yes	☐ No	Gunshot, bullet or shrapnel
☐ Yes	☐ No	Body Piercings
☐ Yes	☐ No	Magnet on or inside your body If so, what/where: _____
☐ Yes	☐ No	Tattoo
☐ Yes	☐ No	Electronic ankle bracelet
☐ Yes	☐ No	Birth control implant: if so, type
☐ Yes	☐ No	Are you pregnant? ☐ I decline to answer this question and will not participate in the MRI
☐ Yes	☐ No	Wig, hairpiece or hair extensions with clips, combs or metal threading
☐ Yes	☐ No	Other: _____
☐ Yes	☐ No	Have you ever had a reaction or problem related to IV contrast?
☐ Yes	☐ No	If you are receiving contrast (dye) today are you interested in receiving additional information in the form of a Medication Guide approved by the FDA?

Participant/Representative Signature: _____ Date: _____ Time: _____
*If Representative, please state relationship here:

I have reviewed the answers provided and discussed the exam with the participant:

TechnologistSignature: _____ Date: _____ Time: _____

Review Back of Form →

WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI, functional MRI, MR spectroscopy). Do not enter the MR system room or MR environment if you have any question or concern regarding an implant, device or object. Consult the MRI Technologist or Principal Investigator BEFORE entering the MR system room. **The MR system magnet is ALWAYS ON.**

☐Yes	☐ No	I understand that I am required to wear earplugs or other hearing protection during the MRI to prevent possible hazards related to acoustic noise.
☐ Yes	☐ No	I understand that I am required to remove all clothing, including undergarments, and change into provided attire prior to MRI.
☐ Yes	☐ No	I understand that I am required to remove all keys, cellphones, health monitoring devices, and/or any other wearable technology off my person prior to entering the MR scanner room.
☐ Yes	☐ No	I understand that I am required to remove safety pins, paperclips, pens, tools, pocket knifes, and any other metallic pieces off my person prior to entering the MR scanner room.
☐ Yes	☐ No	I understand that I am required to remove keys, wallets, money clips, credit cards, coins, and any magnetic strip cards off my person prior to entering the MR scanner room.
☐ Yes	☐ No	I understand that I am required to remove hearing aids, dentures, partial plates, and any other removable dental work prior to entering the MR scanner room.
☐ Yes	☐ No	I understand that I must remove all eyeglasses, jewelry, body piercing jewelry, watches, hair pins, barrettes, hair extensions with clips, wigs with clips, and any other metallic pieces off my person prior to entering the MR scanner room.

Please consult the MRI Technologist if you have any questions or concerns BEFORE you enter the MR scanner room

I attest that the above information is correct to the best of my knowledge.
I have read and understood the contents of this form and have had the chance to ask questions about both the information provided and the MR procedure I am about to undergo.

_____

(Participant/Representative to initial here)

To be filled out if retuning for multiple visits under one study:

The information above has been reviewed. Any and all changes since the previous MR study have been noted.

Date:	Participant/Representative Initials:	Personnel Level 2 Initials:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____