Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­Birth Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Height:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diabetic or kidney problems? NO YES

Have you ever had surgery? NO YES If yes please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever had an eye injury involving metal? (Grinding, fabrication, etc.) NO YES

If yes please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you pregnant and/or breastfeeding? NO YES

 **WARNING:** Some of the following items may be extremely hazardous to your safety and interfere with the MRI exam. **Please circle YES or NO if you have the following.**

NO YES Cardiac pacemaker NO YES Shrapnel, buckshot, or bullets

NO YES Implanted Cardiac Pacemaker / Defibrillator NO YES IUD, Diaphragm

NO YES Aneurysm clip or brain clip NO YES Pessary or bladder ring

NO YES Carotid artery vascular clamp NO YES Tattooed eye liner or eyebrows

NO YES Neurostimulator NO YES Body piercings

NO YES Insulin or Infusion pump NO YES Metal Fragments

NO YES Claustrophobia NO YES Cosmetic Surgery

NO YES Spinal Fusion Stimulator NO YES Internal pacing wires

NO YES Cochlear Implant or Ear tubes NO YES Aortic Clips

NO YES Prosthesis (eye, penile, etc.) NO YES Venous Umbrella

NO YES Magnetic Implant (dental, etc.) NO YES Metal or wire mesh

NO YES Heart Valve replacement NO YES Wire sutures or staples

NO YES Artificial limb or joint NO YES Harrington rods

NO YES Electrodes (on body, head or brain) NO YES Screws, pins or nails in the bone

NO YES Intravascular stents, filters or coils NO YES Wig, toupee or hair implants

NO YES Shunt (spinal or intraventricular) NO YES Dentures (remove before scan)

NO YES Ports or catheters NO YES Asthma or breathing disorder

NO YES Transdermal medicine patches (smoking, pain, etc.) NO YES Seizures or motion disorders

NO YES Hearing Aids

**IMPORTANT INSTRUCTIONS:** Remove all metallic objects before entering MRI including hearing aids, cell phone, keys, glasses, hair pins/barrettes, jewelry, watch, safety pins, money clips, credit/bank cards, and coins. Loose metallic objects are especially prohibited in the MRI environment. **Please consult the MRI Technologist if you have any questions or concerns BEFORE your scan.**

Patient/Legal Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

MRI Technologist Signature:­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_