

MRI Screening Questionnaire

The Division of Medical Physics, NKI

Patient / Subject name	
Patient / Subject ID	
Scan date	

The following items may interfere with MR imaging. Do you have any of the following (check either Yes or No for each of them):

Y / N Cardiac pacemaker	Y / N Metal fragments removed from eyes
Y / N Internal pacing wires	Y / N Joint replacement
Y / N Venous umbrella	Y / N Bone or joint pins
Y / N Aortic clips	Y / N Prosthesis
Y / N Heart valve	Y / N Metal plates, screws, pins, staples
Y / N Brain clips	Y / N Harrington rods for scoliosis
Y / N Aneurysm clips	Y / N IUD
Y / N Shunt (spinal or ventricular)	Y / N Pregnancy / Date of LMP:
Y / N Biomedical implants	Y / N Vascular stents, filters or coils
Y / N Bio-stimulation devices	Y / N Tattoo / Permanent eyeliner
Y / N Metal implants in body or head	Y / N Hearing aid (remove for scan)
Y / N Cochlear implant in Ear	Y / N Wire sutures
Y / N Neurostimulator (Tens unit)	Y / N Dentures (remove for scan)
Y / N Electrodes (on body, head, or brain)	Y / N Claustrophobia
Y / N Insulin pump	Y / N Swallowing disorder
Y / N Metal mesh implant	Y / N Breathing disorders
Y / N Shrapnel, buckshot, or bullets	Y / N Motion disorders
Y / N Fractured bones treated w/ metal rods	Y / N Non-removable body piercing
Y / N Are you presently working, or have you ever worked as a machinist, metal worker, or in any profession grinding metal?	

Y / N Do you have any history of Seizures or Epilepsy?

Screened by	
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Signature of a Patient / Subject	
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