CENTRE FOR COGNITIVE NEUROIMAGING

University of Glasgow

3.0T MRI SCREENING FORM

Date _____ Principal investigator / Lab _____ Subject ID _____

Name _____ Height _____ Weight _____
Last name First name M.I.

Birthdate _____ Email Address _____

Address _____ City _____

State _____ Zip Code _____ Phone (H) (___) _____ (W) (___) _____

GP's name & address _____

1. Have you ever had surgery or other invasive procedures? ☐Yes ☐No If yes, please list below.
Type: _____ Date: _____
Type: _____ Date: _____

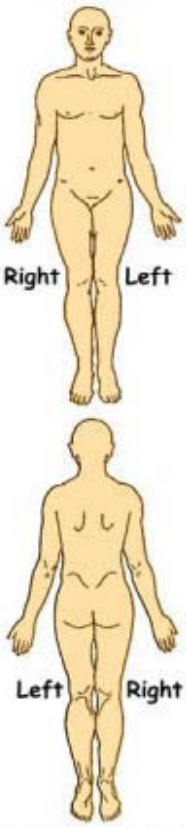
2. Have you had any previous MRI studies? ☐Yes ☐No If yes, please list below..

_____ _____ _____
Area of Body Date Facility Name & Location

3. Have you ever worked as a machinist, metal worker, or in any profession or hobby grinding metal? ☐Yes ☐No
or had an injury to the eye involving a metallic object (e.g., metallic slivers, shavings, foreign body)? ☐Yes ☐No
4. Are you pregnant, experiencing a late menstrual period, or having fertility treatments? ☐Yes ☐No
5. Are you currently taking or have recently taken any medication? ☐Yes ☐No Please list: _____
6. Do you have drug allergies or have you had an allergic reaction? ☐Yes ☐No Please list: _____

⚠ **Some of the following items may be hazardous to your safety or may interfere with the MRI exam. Please check the correct answer for each of the following. If you checked yes, please give more information. E.g. Type of material? How long ago? Use the diagram to indicate where on our body?**

☐Yes ☐No Cardiac pacemaker
☐Yes ☐No IUD or diaphragm
☐Yes ☐No Aneurysm clip or brain clip
☐Yes ☐No Carotid artery vascular clamp
☐Yes ☐No Neurostimulator
☐Yes ☐No Insulin or infusion pump
☐Yes ☐No Implanted drug infusion device
☐Yes ☐No Spinal fusion stimulator
☐Yes ☐No Harrington rods (spinal rod)
☐Yes ☐No Aortic clips
☐Yes ☐No Internal pacing wires
☐Yes ☐No Venous umbrella
☐Yes ☐No Artificial heart valve/prosthesis
☐Yes ☐No Artificial limb or joint
☐Yes ☐No Coloured contact lenses
☐Yes ☐No Wig, toupee, or hair implants
☐Yes ☐No Body piercing(s)
☐Yes ☐No Metal or wire mesh implants
☐Yes ☐No Pessary or bladder ring
☐Yes ☐No Swan-Ganz catheter
☐Yes ☐No Claustrophobia



☐Yes ☐No Shrapnel, buckshot, or bullets
☐Yes ☐No Implant held in place by a magnet
☐Yes ☐No Shunt (spinal or intraventricular)
☐Yes ☐No Tattooed eyeliner or eyebrows
☐Yes ☐No Transdermal delivery patch (nicoderm)
☐Yes ☐No Metal fragments (eye, head, ear, skin)
☐Yes ☐No Facelift or other cosmetic surgery
☐Yes ☐No Implanted cardiac defibrillator
☐Yes ☐No Cochlear, otologic, or ear implant
☐Yes ☐No Stents, filters, coils for blocked arteries
☐Yes ☐No Electrodes (on body, head or brain)
☐Yes ☐No Wire sutures or surgical staples
☐Yes ☐No Prosthesis (eye/orbital, penile, etc.)
☐Yes ☐No Metal rods in bones; joint replacements
☐Yes ☐No Bone/joint pin, screw, nail, wire, plate
☐Yes ☐No Asthma or breathing disorders
☐Yes ☐No Seizures or motion disorders
☐Yes ☐No Vascular access port or catheters
☐Yes ☐No Other implants in body or head
☐Yes ☐No Hearing aid ***(Remove before scan)***
☐Yes ☐No Dentures ***(Remove before scan)***

Please remove **all metallic objects** before the MR examination including: keys, hair pins, barrettes, jewelry, watch, safety pins, paperclips, money clip, credit cards, coins, pens, belt, metal buttons, pocket knife, & clothing with metal in the material. **Earplugs are required during the MRI examination.**

_____ _____ _____ _____
Your Signature Date MR Staff Name MR Staff Signature