New York State Psychiatric Institute – MRI Research Program
MRI Safety Metal Screening Questionnaire

SUBJECT NAME	YEAR OF BIRTH	WEIGHT	DATE OF SCREENING

The following items may make it **unsafe** for you to undergo MR imaging. Please indicate if you have any of the following by checking Yes or No:

❑Yes ❑No Aneurysm clip(s)
❑Yes ❑No Cardiac pacemaker
❑Yes ❑No Implanted defibrillator
❑Yes ❑No Electronic implant or device
❑Yes ❑No Magnetically-activated
❑Yes ❑No Neurostimulation system
❑Yes ❑No Spinal cord stimulator
❑Yes ❑No Internal electrodes or wires
❑Yes ❑No Bone growth/bone stimulator
❑Yes ❑No Cochlear or other ear implant
❑Yes ❑No Insulin or other infusion pump
❑Yes ❑No Implanted drug infusion device
❑Yes ❑No Any type of prosthesis (eye, etc.)
❑Yes ❑No Heart valve prosthesis
❑Yes ❑No Eyelid spring or wire
❑Yes ❑No Artificial or prosthetic limb
❑Yes ❑No Metallic stent, filter, or coil
❑Yes ❑No Vascular access
❑Yes ❑No Radiation seeds or implants
❑Yes ❑No Thermodilution catheter
❑Yes ❑No Medication patch
❑Yes ❑No Shunt (spinal or intraventricular)
❑Yes ❑No metallic fragment or foreign body
❑Yes ❑No Wire mesh implant
❑Yes ❑No Tissue expander (e.g., breast)
❑Yes ❑No Surgical staples, clips, or sutures
❑Yes ❑No Joint replacement (hip, knee, etc)
❑Yes ❑No Bone/joint pin, screw, wire, plate
❑Yes ❑No IUD, diaphragm, or pessary
❑Yes ❑No Dentures or partial plates
❑Yes ❑No Tattoo or permanent makeup
❑Yes ❑No Body piercing jewelry
❑Yes ❑No Hearing aid
❑Yes ❑No Other implant_____________

Please verify if any of the following are applicable:

Are you presently working, or have you ever worked as a machinist, metal worker, or in any profession grinding or using (e.g. artistically) metal? ❑Yes ❑No
Any injury to the eye involving a metallic object or fragment (shrapnel, metal filings, etc.) ❑Yes ❑No
Any bodily injury by a metallic object or foreign body (shrapnel, metal filings, bullet, etc.) ❑Yes ❑No
Breathing problems or motion disorders ❑Yes ❑No
Claustrophobia or discomfort in confined spaces ❑Yes ❑No
Are you currently pregnant? If no, please provide date of LMP __/__/__ ❑N/A ❑Yes ❑No

IMPORTANT

Before entering the MR environment or MR system room, you must remove all metallic objects including: hearing aids, dentures, partial plates, keys, cell phones, eyeglasses, hair pins, barrettes, ALL jewelry, body piercings, watches, safety pins, paperclips, money clips, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knives, nail clippers, temporary metallic tattoos, tools, & clothing with metallic threads.

Subject has been screened with handheld metal detector ❑Yes ❑ No
If Metal was detected, please indicate action taken: ____
If applicable, MRI compatible medical Implant clearance provided: ❑N/A ❑Yes ❑No

By signing below, I attest that the above information is correct to the best of my knowledge. I have read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.

PARTICIPANT SIGNATURE ________________________________ DATE ___/___/___
RESEARCH PERSONNEL ________________________________ DATE ___/___/___
MRI TECHNOLOGIST ________________________________ DATE ___/___/___