Sunnybrook
HEALTH SCIENCES CENTRE
when it matters MOST

1.5T AND 3.0T MR
PRE-PROCEDURE SCREENING FORM

Department of Imaging Research
Sunnybrook Health Sciences Centre
2075 Bayview Avenue, S-Ground, Toronto, ON M4N 3M5
416-480-6100 Ext. 2013

Date _____ / / _____

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

Birthdate _____ / / _____

1. Have you ever worked as a machinist, metalworker, or in any profession or hobby grinding metal? ❑ Yes ❑ No
2. Have you ever had an injury to the eye involving a metallic object (e.g. metallic slivers, shavings, or foreign body)? ❑ Yes ❑ No
3. Are you pregnant, experiencing a late menstrual period, or having fertility treatments? ❑ Yes ❑ No
4. Are you currently taking or have recently taken any medication? ❑ Yes ❑ No Please List:
5. 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 and some can interfere with the MRI examination. Please check the correct answer for each of the following:

❑ Yes	❑ No	Cardiac pacemaker	❑ Yes	❑ No	Shrapnel, buckshot, or bullets
❑ Yes	❑ No	Implanted cardiac defibrillator	❑ Yes	❑ No	IUD or diaphragm
❑ Yes	❑ No	Aneurism clip or brain clip	❑ Yes	❑ No	Pessary or bladder ring
❑ Yes	❑ No	Carotid artery vascular clamp	❑ Yes	❑ No	Tattoos, permanent makeup
❑ Yes	❑ No	Neurostimulator	❑ Yes	❑ No	Body piercing(s)
❑ Yes	❑ No	Insulin or infusion pump	❑ Yes	❑ No	Metal fragments (eye, head, ear, skin)
❑ Yes	❑ No	Implanted drug infusion device	❑ Yes	❑ No	Facelift or other cosmetic surgery on body
❑ Yes	❑ No	Spinal fusion stimulator	❑ Yes	❑ No	Internal pacing wires
❑ Yes	❑ No	Cochlear, otologic, or ear implant	❑ Yes	❑ No	Aortic clips
❑ Yes	❑ No	Tissue expander (breast)	❑ Yes	❑ No	Venous umbrella
❑ Yes	❑ No	Prosthesis (eye/orbital, penile, etc.)	❑ Yes	❑ No	Metal or wire mesh implants
❑ Yes	❑ No	Implant held in place by a magnet	❑ Yes	❑ No	Wire sutures or surgical staples
❑ Yes	❑ No	Heart valve prosthesis	❑ Yes	❑ No	Harrington rods (spine)
❑ Yes	❑ No	Artificial limb or joint	❑ Yes	❑ No	Metal rods in bones, joint replacements
❑ Yes	❑ No	Other implants in body or head	❑ Yes	❑ No	Bone/joint pin, screw, nail, wire, plate
❑ Yes	❑ No	Electrodes (on body, head, or brain)	❑ Yes	❑ No	Wig, toupee, or hair implants
❑ Yes	❑ No	Intravascular stents, filters, or coils	❑ Yes	❑ No	Hearing aid (***remove before scan***)
❑ Yes	❑ No	Shunt (spinal or intraventricular)	❑ Yes	❑ No	Dentures (***remove before scan***)
❑ Yes	❑ No	Vascular access port or catheters	❑ Yes	❑ No	Asthma or breathing disorders
❑ Yes	❑ No	Swan-Ganz catheter	❑ Yes	❑ No	Seizures or motion disorders
❑ Yes	❑ No	Medication patch (***remove before scan***)	❑ Yes	❑ No	Claustrophobia

Please remove **all metallic objects** before 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 MR examination.

I attest that the above information is correct to the best of my knowledge. I 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.

Signature of Person Completing Form _____ Date _____ / / _____

Form Completed By ❑ Volunteer ❑ Relative _____ _____
Print Name Relationship to Volunteer

Form Information Reviewed By _____ _____
Print Name Signature

❑ MR Technologist _____ ❑ Other _____