

MRI PRE-SCREENING

The Principal Investigator or Designate must complete and submit this form a minimum of 3 business days before the scheduled MRI appointment. For bookings made less than 3 business days before the scheduled appointment, the form must be submitted at the time of booking. In this case, the requested scan slot will be tentative until the MRI technologist has reviewed the screening form. A detailed pre-screening is necessary to ensure the safety of the participant, and to avoid last minute cancellations due to MRI incompatibilities.

Participant:

First Name

Last Name

DOB:

Height (cm):

Weight (kg):

Gender:

The MR system has a very strong magnetic field that is ALWAYS ON. It may be hazardous to anyone entering the MR environment if they have certain metallic, electronic, magnetic, or mechanical implants, devices or objects. Please consult with an MRI Technologist if you have any questions.

Please complete the following questionnaire. Please record all relevant details in the comments section. Please indicate if the participant has the potential for aggressive behaviour or has a history of known aggressive behaviour.

YES NO

		Prior MRI examination?
		Any difficulties during previous MRI examination?
		Claustrophobic?
		Pacemaker?
		Implanted Cardioverter Defibrillator (ICD)?
		Implanted hearing device (e.g., cochlear implant)?
		Aneurysm clip(s)?
		Worked with metal (e.g., filing, grinding and/or welding)?
		Eye injury or metal fragments in eye?

		Injury from shrapnel, BB pellets, bullets or other metal fragments?
		Prior surgery or invasive procedures? (e.g., cardiac, neuro, ortho, arthroscopy, endoscopy)
		Any of the following devices: braces, retainer, screws, pins, plates, joint replacements, pumps, prostheses, neuro or spinal cord stimulators, clips, coils, stents, or other?
		Pregnant or a chance of pregnancy?
		Intra-uterine device? If yes, please record make and model into Comments section.

Comments:

Name of Study Coordinator:

Date:

STAFF USE ONLY

Technologist Notes:

Reviewed and Electronically Signed by MRI Technologist - MRT(MR)

Name

Date:

Approved Denied