



MAGNETIC RESONANCE IMAGING SCREENING FORM

Center for Cognitive and Behavioral Brain Imaging (CCBBI)
B55, 1835 Neil Avenue, Columbus, Ohio 43210
Phone: 614-292-8911

For Office Use Only

ID #

Updated 03/13/2020

Name _____ Date of Birth _____ Sex _____
Height _____ Weight _____ Phone _____ Email (optional) _____
Mailing Address _____

Have you ever been scanned at the CCBBI before? _____

To ensure your safety in the MRI scanner, please check if you have any of following items and answer all questions:

Yes No

- Cardiac pacemaker, implanted cardioverter defibrillator (ICD), heart valve prosthesis, aneurysm clip etc.?
- Surgical staples, clips, or metallic sutures etc. from surgery or invasive procedure?
- Hearing related: hearing aids, cochlear, otologic, or other ear implants?
- Electronic or magnetically-activated implant: neurostimulator, spinal cord stimulator, bone growth/fusion stimulator?
- Drug (insulin or other) infusion device, radiation seeds or implants, or medicated skin patch?
- Dental-related: permanent retainers, dentures, partial plates?
- Any type of prosthesis (limb, joint, eye, penile, etc.) or pin, screw, nail, wire, plate, etc.?
- Body piercing jewelry, wig or hair extensions, tattoo or metallic microfiber in clothing?
- Eyelid spring or wire, permanent eye makeup or microblading, or magnetic eyelashes?
- Metallic stent, filter, coil, or Swan-Ganz or thermolysis catheter?
- Internal electrodes, wires, shunt (spinal or interventricular) or any other implants?
- Have you ever been injured by a metallic object/fragment (BB, bullet, shrapnel, metallic slivers, shavings, etc.)?
- Have you ever experienced any problems related to a previous MRI examination or MR procedure?
- Breathing problem or motion disorder?
- Claustrophobia?

Yes No

Before entering the MRI room, you will be asked to remove **all metallic objects**, including keys, jewelry, watch, and clothing with metal in the material. You will also have ear protection during the MRI scan.

I attest that the above information is correct to the best of my knowledge. I have read and understand the entirety of this form. I confirm that I had the opportunity to ask questions regarding the information on this form.

Signature on the day of MRI _____ Date _____

Reviewed by CCBBI Staff _____ Date _____