RESEARCH 3.0T MR
PARTICIPANT SCREENING FORM

Toronto Neuroimaging
325 Huron St. Toronto, ON
Phone: (416) 946-0356,

Participant ID# _____

fMRI Project Study # _____

Date____/____/____ DD/MM/YR

Name_____ Height____ft/in Weight____lbs
Last Name First Name

Birth Date____/____/____ DD/MM/YR

1. Have you ever had a MRI before? ❑ 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. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, Buckshot, shrapnel, etc.)? ❑ 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 and some can interfere with the MRI examination. Please check the correct answer for each of the following:

❑ Yes	❑ No	Cardiac pacemaker	❑ Yes	❑ No	Claustrophobia
❑ Yes	❑ No	Aneurysm clip or brain clip	❑ Yes	❑ No	IUD or diaphragm
❑ Yes	❑ No	Cochlear, otologic, or ear implant	❑ Yes	❑ No	Pessary or bladder ring
❑ Yes	❑ No	Implanted cardiac defibrillator	❑ Yes	❑ No	Medication patch (***remove before scan***)
❑ Yes	❑ No	Neurostimulator	❑ Yes	❑ No	Body piercing(s) (***remove before scan***)
❑ Yes	❑ No	Insulin or other 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 or Bone fusion stimulator	❑ Yes	❑ No	Electrodes (on body, head, or brain)
❑ Yes	❑ No	Carotid artery vascular clamp	❑ Yes	❑ No	Aortic clips
❑ Yes	❑ No	Tissue expander (breast)	❑ Yes	❑ No	Venous umbrella
❑ Yes	❑ No	Prosthesis (eye/orbital spring or wire, penile, etc.)	❑ Yes	❑ No	Metal or wire mesh implants ***Retainers/Braces***
❑ Yes	❑ No	Heart valve prosthesis	❑ Yes	❑ No	Wire sutures or surgical staples, clips
❑ Yes	❑ No	Artificial limb or joint	❑ Yes	❑ No	Harrington rods (spine) / metal rods in bones
❑ Yes	❑ No	Other implants in body or head (radiation seeds)	❑ Yes	❑ No	Joint replacements (Knee, Hip etc.)
❑ Yes	❑ No	Internal electrodes or (pacing wires)	❑ Yes	❑ No	Bone/joint pin, screw, nail, wire, plate
❑ Yes	❑ No	Intravascular stents, filters, or coils	❑ Yes	❑ No	Wig, toupee, or hair implants
❑ Yes	❑ No	Shunt (spinal or intraventricular)	❑ Yes	❑ No	Hearing aid (***remove before scan***)
❑ Yes	❑ No	Vascular access port or catheters	❑ Yes	❑ No	Dentures / partial plates (***remove before scan***)
❑ Yes	❑ No	Swan-Ganz or thermodilution catheter	❑ Yes	❑ No	Asthma or breathing disorders
❑ Yes	❑ No	Tattoos, permanent makeup,	❑ Yes	❑ No	Seizures or motion disorders
❑ Yes	❑ No	*Coloured* Contact Lenses **(remove before scan)**	❑ Yes	❑ No	Other implants/Surgeries_____

Please remove **all metallic objects** prior to your MR examination including: keys, hair pins, barrettes, jewelry, watch, safety pins, paperclips, money clip, credit cards, coins, pens, belt, metal buttons, pocket knife, cell phone and beepers etc.

I attest that the above information is correct to the best of my knowledge. I have read and I understand the contents of this form. I was given the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo. DD/MM/YR

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 _____