WARNING: Certain implants, devices and objects may be hazardous to you and/or may interfere with the MR procedure. If you have any questions or concerns regarding an implant, device or object, please consult the MRI Technologist before entering the MR system room.
The magnet is ALWAYS on.

Please indicate if you have any of the following:

___ Yes	___No	Have you ever had surgery? If yes, please explain: _____
___ Yes	___No	Have you had an MRI before? If yes, when and where: _____
___ Yes	___No	Cardiac pacemaker
___ Yes	___No	Implanted cardiac defibrillator (ICD)
___ Yes	___No	Internal pacing wires or electrodes
___ Yes	___No	Heart valve prosthesis
___ Yes	___No	Aneurysm clips
___ Yes	___No	Intravascular stents, filters, or coils (date of procedure: _____/_____)
___ Yes	___No	Spinal cord stimulator
___ Yes	___No	Neurostimulator/Bone growth or fusion stimulator
___ Yes	___No	Breast tissue expander or breast biopsy markers: brand name: _____
___ Yes	___No	Vascular access port or catheter
___ Yes	___No	Swan-Ganz catheter
___ Yes	___No	Shunt (spinal or intraventricular)
___ Yes	___No	Electrodes (on body, head, or brain)
___ Yes	___No	Cochlear or ocular implants
___ Yes	___No	Implant held in place by a magnet
___ Yes	___No	Any type of prosthesis or artificial limb (eye, penile, limb etc.)
___ Yes	___No	Implanted sleep apnea device
___ Yes	___No	Any metal fragments, shrapnel or bullets
___ Yes	___No	IUD or Diaphragm (brand name: _____)
___ Yes	___No	Insulin or drug infusion pump
___ Yes	___No	Continuous Glucose Monitoring system (CGM)
___ Yes	___No	Medication patch
___ Yes	___No	Endoscopy clips or endoscopy capsule pill
___ Yes	___No	Metal/wire mesh implants, wire sutures or surgical staples
___ Yes	___No	Bone/joint pin, screw, nail, wire, plate etc.
___ Yes	___No	Smart ring or watch (If yes- must be removed before scan)
___ Yes	___No	Body piercings (If yes- must be removed before scan)
___ Yes	___No	Hearing aid (If yes- must be removed before scan)
___ Yes	___No	Dentures
___ Yes	___No	Braces, permanent retainer or spacer
___ Yes	___No	Metal removed from your eye

_____ (Please Initial) I understand for my safety and the safety of the MRI staff, I have removed *all* metallic objects including, but not limited to: watches, wallets, keys, jewelry, glasses, credit cards and cell phones.

Subject's signature: _____ Date: _____

Subject's height and weight: _____ D.O.B: _____