MRI SCREENING FOR PARTICIPANTS

Spinoza Centre for Neuroimaging

Name: _____

Date of birth: _____ Weight (est.): _____ kg

The MRI scanner generates a very strong magnetic field, which requires some precautions. For your own safety, it is important you answer the following questions truthfully. Please circle the appropriate answer.

Do you have or do you wear:

- a pacemaker or (old) pacemaker wires? yes / no
- a drug pump (e.g. insulin pump)? yes / no
- a neurostimulator? yes / no
- a hydrocephalus shunt? yes / no
- external prostheses (e.g. artificial limb)? yes / no
- one or multiple piercings? yes / no
- tattoos or permanent mascara? yes / no
- dental constructs (braces, retainers etc.)? yes / no
- transdermal patches (nicotine patch, hormone patch etc.)? yes / no
- an intrauterine device? yes / no / n/a
- dentures (false teeth)? yes / no

Have you ever had surgery on:

- the head or neck (e.g. vascular clips, stents or pumps)? yes / no
- the heart (e.g. artificial valves)? yes / no
- the eyes (e.g. implanted lenses)? yes / no
- the ears (e.g. staples, prosthesis or cochlear implants)? yes / no
- the bones (in which screws or plates have been used)? yes / no
- other? yes / no

If so, please specify: _____

Have you ever had a stent or (coronary) angioplasty? yes / no

Is there a chance of metal splinters in the eyes? yes / no

Is there a chance of metal splinters in the body (e.g. after an explosion)? yes / no

Have you ever suffered from:

- claustrophobia? yes / no
- shortness of breath (when lying down)? yes / no

Are you pregnant or suspect you might be pregnant? yes / no / n/a

I hereby attest and certify that the above information provided by me is true and correct to the best of my knowledge. I have read and understand the entire contents of this form, and I have had the opportunity to ask questions regarding the information on this form.

Date	Signature	Signature of MR Operator