

MAGNETIC RESONANCE IMAGING (MRI) PRESCREENING QUESTIONNAIRE

(See Privacy Act Statement on Reverse Side.)

1. NAME	2. SPONSOR'S SSN	3. HOME PHONE	4. WORK PHONE
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5. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	6. WEIGHT	7. HEIGHT	
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8. The following items can interfere with the MRI and some may actually be hazardous to your safety. Please check all that apply:

<input type="checkbox"/> Aneurysm clip(s) (e.g., brain) <input type="checkbox"/> Implanted Cardiac Defibrillator/Pacemaker <input type="checkbox"/> Neurostimulator <input type="checkbox"/> Biostimulator Type: _____ <input type="checkbox"/> Any Type of Internal Electrodes or Wires <input type="checkbox"/> Cochlear (Ear) Implant <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Any Type of Implant Held in Place by a Magnet Type: _____ <input type="checkbox"/> Any Type of Surgical Clips or Staples <input type="checkbox"/> Any IV Access Port (e.g., Broviac, Port-a Cath, Hickman, Picc Line) <input type="checkbox"/> Medication Patch (i.e., Nitroglycerine, Nicotine, Pain Medication, etc.) <input type="checkbox"/> Shunt (Spinal or Ventricular) <input type="checkbox"/> Artificial Limb or Joint What: _____ Where: _____ <input type="checkbox"/> Diaphragm, IUD, Pessary Type: _____ <input type="checkbox"/> Surgical Mesh Location: _____ <input type="checkbox"/> Body Piercing Location: _____ <input type="checkbox"/> Any Type of Coil, Filter or Stent Type: _____ <input type="checkbox"/> Implanted Drug Pump (e.g., Insulin, Baclofen, Chemo, Pain Medicine)	<input type="checkbox"/> Tattoos or Tattooed Eyeliner <input type="checkbox"/> Tissue Expander (e.g., Breast) <input type="checkbox"/> Halo Vest <input type="checkbox"/> Spinal Fixation Device <input type="checkbox"/> Wig, Hair Implants <input type="checkbox"/> Artificial Heart Valve <input type="checkbox"/> Any Type of Ear Implant <input type="checkbox"/> Penile Implant <input type="checkbox"/> Artificial Eye <input type="checkbox"/> Eyelid Spring <input type="checkbox"/> Removable Dentures, False Teeth or Partial Plate <input type="checkbox"/> Any Implanted Item (e.g., Pins, Rods, Screws, Nails, Plates, Wires) <input type="checkbox"/> Radiation Seeds (e.g., Cancer Treatment)
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9. Have you ever had an injury to the eye involving a metallic object or fragment (e.g., metallic slivers, shavings, foreign body, etc.)? Yes No

10. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)? Yes No
 If you answered YES to any of these questions, please describe: _____

11. Have you had an MRI done previously? Yes No

12. Are you claustrophobic? Yes No 13. Do you require a sedative from your doctor? Yes No

14. Have you had plain x-rays in the last three months on the area of interest (e.g., shoulder, knee, etc.)? Yes No

15. Have you had any surgeries on the areas listed below? If YES, please explain what kind of surgery, to include month and year.

SURGERY	NO		YES		IF YES, KIND OF SURGERY	MONTH/YEAR	SURGERY	NO		YES		IF YES, KIND OF SURGERY	MONTH/YEAR
Head							Neck						
Chest							Abdomen						
Spine							Extremity						

16. Are you pregnant? Yes No NA 17. Are you breast feeding? Yes No NA

18. Do you have any medicine allergies? Yes No If YES, what kind? _____

19. Have you ever had an x-ray dye or magnetic resonance imaging (MRI) contrast allergic reaction? Yes No
 If YES, please describe: _____

20. Are you diabetic? Yes No 21. Do you have a history of renal (kidney) disease? Yes No

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

Patient Signature _____ Date _____

PRIVACY ACT STATEMENT

- AUTHORITY:** 10 U.S.C. 3013, Secretary of the Army; 10 U.S.C. 1071-1085, Medical and Dental Care; 50 U.S.C. Supplement IV, Appendix 454, as amended, Persons liable for training and service; 42 U.S.C. Chapter 117, Sections 11131-11152, Reporting of Information; 10 U.S.C. 1097a and 1097b TRICARE Prime and TRICARE Program; 10 U.S.C. 1079, Contracts for Medical Care for Spouses and Children; 10 U.S.C. 1079a, CHAMPUS; 10 U.S.C. 1086, Contracts for Health Benefits for Certain Members, Former Members, and Their Dependents; E.O. 9397 (SSN).
- PRINCIPAL PURPOSE:** Medical information will be used to ensure a successful MRI scan and there is no hazard to your health. Phone numbers will be used to contact you to set up or reschedule appointments.
- ROUTINE USES:** Information may be disclosed to:
- (1) The Department of Veterans Affairs to adjudicate veterans' claims and provide medical care to Army members.
 - (2) National Research Council, National Academy of Sciences, National Institutes of Health, Armed Forces Institute of Pathology, and similar institutions for authorized health research in the interest of the Federal Government and the public. When not essential for longitudinal studies, patient identification data shall be eliminated from records used for research studies. Facilities/activities releasing such records shall maintain a list of all such research organizations and an accounting disclosure of records released thereto.
 - (3) To local and state government and agencies for compliance with local laws and regulations governing control of communicable diseases, preventive medicine and safety, child abuse, and other public health and welfare programs.
 - (4) Third party payers per 10 U.S.C. 1095 as amended by Public Law 99-272, and guidance provided to the DoD health services by DoD Instruction 6015.23, for the purpose of collecting reasonable inpatient/outpatient hospital care costs incurred on behalf of retirees or dependents.
 - (5) To former DoD health care providers, who have been identified as being the subjects of potential reports to the National Practitioner Data Bank as a result of a payment having been made on their behalf by the U.S. Government in response to a malpractice claim or litigation, for purposes of providing the provider an opportunity, consistent with the requirements of DoD Instruction 6025.15 and Army Regulation 40-68, to provide any pertinent information and to comment on expert opinions, relating to the claim for which payment has been made.
 - (6) The DoD 'Blanket Routine Uses' set forth at the beginning of the Army's compilation of systems of records notices also apply to this system.
- DISCLOSURE:** Providing the information is voluntary; however, If you do not provide the information requested, the MRI scan may be delayed to research your medical record to ensure there will be no interference with the MRI scan and/or hazards to your health. Also, if you do not provide your phone numbers, your MRI may be delayed or we may be unable to notify you of changes to your appointment time.
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