NYU MRI Center
Subject Screening Form

Name __________________________________________ Date _________________
Age ____ Weight ______ Gender ________ Race/Ethnicity (optional) ________________
Principal Investigator _________________________ Study ID ____________

Please indicate if you have any of the following: Yes No
History of Head Trauma
Surgical Aneurysm Clips
Cardiac Pacemaker (even if taken out)
Prosthetic Heart Valve
Neurostimulator
Transdermal Patch (nicotine, nitroglycerin, hormone)
Implanted Pumps
Cochlear Implants
Metal Rods, Plates, Screws
Previous Surgery
IUD
Hearing Aid
Dentures, Braces, or Non-removable Retainer
Acupressure beads
History of Injury to Eye Involving Metal
Any metal in the body – shrapnel, bullets or buckshot

Please answer the following questions:
Do you typically experience Claustrophobia?
Is there any chance you might be Pregnant?
Are you wearing colored contact lenses?
Do you have any Tattoos on your face (e.g., eyeliner tattoo), neck, shoulders, or upper back?
Have you ever worked as Welder or Metal Worker?

If you answered "YES" to any item above, please explain:

All subjects MUST wear either earplugs or headphones during any Imaging.

I have received a copy of the informed consent document for this study (initial here) ______

Signature ________________________________ Date _________________
Witness _________________________________ Date _________________

DO NOT ENTER THE SCAN ROOM WITH ANY OF THESE ITEMS

Credit/Bank Cards Wallet/Money Clips Underwire Bra Pens/Pencils Coins
Body Piercing Hairpins/Barrettes Safety Pins Glasses Jewelry
Watch Keys Pocket Knife Wigs/Hairpiece Belts/Buckles

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