

**HONG KONG BAPTIST UNIVERSITY LIFE SCIENCE IMAGING CENTRE  
MAGNETIC RESONANCE (MR) PROCEDURE SCREENING FORM**

**Section I. Project Information** (to be completed by research assistant/fellow)

Exam Date		PI's Name	
Project Contact Person		Tel. No.	
Project No.		Subject No.	

**Section II. Subject Information and Medical History** (to be completed by subject)

Name		Gender	M / F
HKID/Passport No.		DOB (DD/MM/YY)	
Body height (m)		Body weight (kg)	
<i>Please tick the following appropriate boxes and specify if applicable</i>			
Description	Yes	No	If "Yes", please specify time and details
1. Prior surgical operations			
2. History of :			
a. Chronic Illness			
b. Brain Surgery			
c. Stroke			
d. Cancer			
e. Asthma			
f. Walking aid required (stick/ wheelchair)			
3. Known/ Possibility of pregnancy (female subjects only)			
	First day of Last Menstrual Period:  (DD/MM/YY)		

**Section III. Safety Questionnaire** (to be completed by MR personnel, endorsed by subject, verified by radiographer/primary user)

Many objects (Including but not limited to implants and devices) are HAZARDOUS and UNSAFE in the MRI environment. Notably, these objects may be present in your body. To ensure your safety, please carefully indicate if you have or have had any of the following:

	Yes/Not Sure	No
1 Eye injury by metal		
2 Body Injury by Metallic Object		
3 Metallic foreign bodies (e.g. Bullet, Shrapnel, etc.)		

	Yes/Not Sure	No
4 Now or used to be metal worker		
5 Aneurysm Clip		
6 Cardiac Pacemaker / Defibrillator		
7 Neurostimulator		
8 Electronic Device / Implant (e.g. Pill cam, Infusion Pump, etc.)		
9 Shunt		
10 Stent / Filter / Coil		
11 Cochlear (Middle Ear) Implant		
12 Hearing Aid		
13 Eye Implant / Eyelid Spring / Wire		
14 Metal Rod / Pin / Screw / Joint Replacement		
15 Prosthesis (e.g. Artificial Heart Valve, Eye, Limb, Penile, etc.)		
16 Breast Tissue Expander		
17 Glucose Monitoring Sensor / Medication Patch		
18 IUD / Contraceptive Diaphragm / Vaginal Pessary		
19 Surgery/ Tattoo within 6 weeks		
20 Tattoo / Permanent Makeup		
21 Denture / Dental Retainer / Dental Brace / Dental Implant		
22 Accessory / Body Piercing / Wig		
23 Cosmetic Colored Contact Lenses		
24 Claustrophobia		

WARNING: NEVER enter MRI restricted area if you hold any doubts or concerns regarding an implant, device, or object. ALWAYS consult our radiographers or system health lab research staff BEFORE entering the MRI scanning room. Please note that the MR SYSTEM MAGNET IS ALWAYS ON.

#### Section IV. Declaration

I confirm that the above information is correct to the best of my knowledge.

I have read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.

Subject/ Parent/ Guardian's Signature		MR personnel Signature	
Subject/ Parent/ Guardian's Name		MR personnel Name	
Relationship: Subject / Father/ Mother / Guardian		Verified by radiographer/primary user	
Date: (DD/MM/YY)		Date: (DD/MM/YY)	