



Telephone Screen Worksheet

Purpose: Everyone is born MRI safe. Therefore, the goal of this safety interview is to determine if a participant has had any body alterations (surgeries, joint repairs, tattoos, piercings, etc.) that would make them unsafe for MRI or warrant special instructions/warnings of risk.

Please use this worksheet as a guide to interview your participant **BEFORE SCHEDULING FOR MRI** so that we can minimize safety risks. Think of yourself as a detective, looking for any change to their body since birth.

Subject ID: _____ Date of Screening: _____ Scan Date: _____

1. What is your **height, weight, and gender**? Height: _____ Weight: _____ Male Female Other

2. What are your **pronouns**? _____

3. How wide are your shoulders? (*ask only if concerned about fit in the scanner bore*) Shoulder Width: _____

4. Have you ever had any **surgeries**?

For each surgery, ask:

What kind of surgery? (Location on body, condition or issue it treated)

Was it performed open or laparoscopically?

When was the surgery done and at what facility? Were there any implants associated with the surgery?

(An implant is any non-removable object that was not in the body at birth).

If there were or could have been any implants associated with the surgery, submit an **IMPLANT REVIEW**.

Many surgeries involve implants of which patients are unaware. If a participant had a surgery, quickly google search the procedure to check for common implants. **Examples of surgeries that almost always have implants:*

- *Appendectomies have staples*
- *Cholecystectomies have staples and/or clips*
- *Gastric sleeve surgeries have staples or a band*
- *Hernia repairs have a mesh*

- *Bladder repairs have a mesh*
- *Joint/bone repairs have pins/screws and sometimes plates*
- *Open chest surgery has a wire mesh around the ribcage*
- *Brain surgery or any facial surgery experiences more heating*

5. Have you had a **colonoscopy**?

- If yes: How long ago was your most recent colonoscopy? Did you have any polyps removed?
 - Report the date of colonoscopy and how many polyps were removed (if any).*

6. Have you had any **arthroscopy**?

- If yes: When? What was that for? Was something repaired? Do you have any implants associated with that?
 - If there are any implants, submit an **IMPLANT REVIEW**.*

7. Have you had any **laparoscopy**?

- If yes: When? Ask for what procedure and if something was removed.
- If an organ was removed, you need to submit an operative report to CFMI. If you cannot obtain an operative report or other medical documentation for the procedure, please contact CFMI for next steps.*

8. Have you had any **endoscopy**?

- If yes: When? Were any biopsy markers placed?
- If a marker has been placed, submit an IMPLANT REVIEW.*

9. Have you had any **broken bones**?

- If yes: When? Did you have any procedure? Do you have any implants associated with that?
- If there are any implants, submit an IMPLANT REVIEW.*

10. Have you had any **cosmetic procedures**?

- If yes: When? What procedure did you have? Did you have any implants associated with that?
- If there are any implants, submit an **IMPLANT REVIEW**.*

11. Have you been **under anesthesia** any time other than what we have discussed?

- If yes: What procedure did you have? Did you have any implants associated with that?
- If there are any implants, submit an **IMPLANT REVIEW**.*

12. Have you had any kinds of **medical imaging** (like X-Ray, MRI, CT, ultrasound) ?

- If yes: What kind of imaging did you have? Did you have any procedures associated with that image? Did you have any implants associated with that?
- If there are any implants, submit an **IMPLANT REVIEW**.*

13. Have you ever had an **injury to your eye** involving a metallic object?

- Have you ever done jewelry making, metal working, or metal grinding without safety eyewear?
- If yes: Were the metallic fragments removed from your eye? Have you had an X-Ray to confirm the metal has been removed?
 - Get a copy of the x-ray if possible, submit an **IMPLANT REVIEW** and **contact CFMI** for next steps.*

14. Have you ever been **injured by a metallic object**?

- Have you ever been near BB's, bullets, shrapnel, or explosions?
- If yes: Where in the body were you injured? How many fragments went into your body? Were all of the metallic fragments removed? Do any remain? Have you had an X-Ray to confirm the metal has been removed?
 - Get a copy of the x-ray if possible, submit an **IMPLANT REVIEW** and **contact CFMI** for next steps.*

15. Do you have any **metallic dental work**?

- What type of dental work?
- If the dental work is one of the following, it does not need to be submitted for implant review: Bridge over two teeth, permanent retainer, titanium single tooth implant, silver/gold crowns, fillings, removable (non-magnetic) dentures.*
- If the dental work is NOT listed above, submit an **IMPLANT REVIEW**.*

16. Do you have any **tattoos or permanent makeup**?

- If yes: Where on your body is the tattoo/permanent makeup? Was it professionally done? If not black, what is the color of the tattoo?
- If the tattoo is located on the head or neck, submit an **IMPLANT REVIEW**.*
- If permanent makeup is less than 2 years old, the participant **cannot be scanned**.*

17. Do you have any **jewelry or piercings** that you cannot remove?

- If any jewelry or piercings CANNOT be removed, **contact CFMI** for next steps.

Read through the list of implants, getting a verbal “yes” or “no” for each.

*If the participant indicates that they have or could have an implant, answer the questions listed below and submit an **IMPLANT REVIEW.***

- Yes** **No** Aneurysm clip(s)
- Yes** **No** Cardiac pacemaker
- Yes** **No** Implanted cardioverter defibrillator (ICD)
- Yes** **No** Electronic implant or device
- Yes** **No** Magnetically activated implant or device
- Yes** **No** Neurostimulation system
- Yes** **No** Spinal cord system stimulator
- Yes** **No** Internal electrodes or wires
- Yes** **No** Bone growth or bone fusion stimulator
- Yes** **No** Cochlear, otologic, or any other ear implant
- Yes** **No** Insulin or other infusion pump
- Yes** **No** Implanted drug infusion device
- Yes** **No** Any type of prosthesis (eye, penile, etc.)

Yes **No** Heart valve prosthesis

Yes **No** Eyelid spring or wire

Yes **No** Artificial or prosthetic limb

Yes **No** Metallic stent, filter, or coil

Yes **No** Spinal or intraventricular shunt

Yes **No** Vascular access port and/or catheter

Yes **No** Radiation seeds or implants

Yes **No** Swan-Ganz or thermodilution catheter

Yes **No** Medication patch (Nicotine, Nitroglycerine, or Hormonal)

Yes **No** Any metallic fragments or foreign body

Yes **No** Wire mesh implant

Yes **No** Tissue expander (e.g. breast)

Yes **No** Surgical staples, clips, or metallic sutures

Yes **No** Joint replacement (hip, knee, etc.)

Yes **No** Bone/joint pin, screw, nail, wire, plate, etc.



Yes **No** IUD, diaphragm, pessary, or any other hormonal implant

Yes **No** Dentures or partial plates

Yes **No** Tattoo or permanent makeup

Yes **No** Body piercing or jewelry

Yes **No** Hearing aid

Yes **No** Any other implant

Yes **No** Breathing problem, motion disorder, claustrophobia, vertigo

Yes **No** Wig or metallic hair piece

For any implants or procedures with potential implants, complete the following section:

Implant #1: _____

When and at what facility did you get this implant?

Who is the manufacturer of the implant?

What is the location of the implant?

What is the material and size of the implant?



Implant #2: _____

When and at what facility did you get this implant?

Who is the manufacturer of the implant?

What is the location of the implant?

What is the material and size of the implant?

Implant #3: _____

When and at what facility did you get this implant?

Who is the manufacturer of the implant?

What is the location of the implant?



What is the material and size of the implant?

Implant #4: _____

When and at what facility did you get this implant?

Who is the manufacturer of the implant?

What is the location of the implant?

What is the material and size of the implant?

