

Thank you for your interest in the fMRI studies at the Center for Advanced MR Imaging at Baylor College of Medicine. Prior to receiving an fMRI scan, we require the information in the form below. Your answers to these questions will improve our research by helping us to better understand our subject population. This will also ensure that your time in the scanner is safe and comfortable, so please provide accurate and complete answers. The answers you provide will remain confidential.

For these experiments, you must be in good health. Since the MRI machine is a large magnet, people with permanent metal in their body will not be able to participate in our fMRI studies (most orthodontia is okay). You should not participate if there is any possibility that you are currently pregnant.

Name: _____

Native Language: _____

Ethnicity: _____

Date of Birth: ____/____/____

Age: _____

Gender: M/F

Height: _____

Weight: _____

Phone: Home- _____

Work- _____

Mobile- _____

Email: _____

Preferred contact method and time: _____

Are you right handed, left handed, or ambidextrous? R/L/A

Do you currently take psychiatric medications? Y/N

If yes, please list: _____

Have you taken psychiatric medications in the past? Y/N

If yes, please list (and include approx dates): _____

Do you currently take any other medications? Y/N

If yes, please list: _____

Do you currently have a drug/alcohol abuse problem? Y/N

Have you had a drug/alcohol abuse problem in the past? Y/N

Date of last treatment: _____

If you answer 'yes' to any of the questions on this page,
please explain in the column to the right.

Have you had an MRI before?	Y/N	
Do you have any metal in your body (accidental or implanted)?	Y/N	
Is there any possibility that you are currently pregnant?	Y/N	
Are you at all claustrophobic?	Y/N	
Do you have sinus problems?	Y/N	
Have you recently experienced dizziness, loss of balance, or loss of consciousness?	Y/N	
Do you currently have braces or other unremovable orthodontia?	Y/N	
Have you ever worked with metals (e.g. welding, grinding, etc)?	Y/N	
Do you have a history of heart disease, kidney disease or diabetes?	Y/N	

Please indicate if you currently have, or have ever had, any of the following:

Heart surgery/ heart valve/ pacemaker/ defibrillator	Y/N	
Neurostimulator/ Biostimulator	Y/N	
IVC Filter / Vascular stents	Y/N	
Brain tumor/ brain surgery/ shunt/ brain clips	Y/N	
Aneurysm/ aneurysm clips	Y/N	
Ear surgery/cochlear implants/ hearing aids/ hearing loss	Y/N	
Gunshot wounds/ shrapnel/ BBs/bullet fragments	Y/N	
Shunts/ stents/ intravascular coil/ filters	Y/N	
Internal electrodes or wires/ IV access port	Y/N	
Prostheses of any kind	Y/N	
Infusion pump/ implanted drug pump	Y/N	
Penile Implants	Y/N	
Limb Prothesis/rods/screws/plates	Y/N	
Metal mesh/abdominal clips/staples	Y/N	
Spinal fixation device/ Spinal fusion procedure	Y/N	
Any type of implant held in place by a magnet	Y/N	
Seizures	Y/N	
Neurological diseases or disorders (eg. Stroke, Parkinson's etc)	Y/N	
Meniere's disease	Y/N	
Head injury	Y/N	
Metal implants (pins, staples, rods, plates, clips, screws, etc)	Y/N	
Surgery or biopsy of any kind (please describe and include date)	Y/N	

Please indicate if you currently have, or have ever had, any of the following:

Permanent eyeliner or tattoos with metal in the ink	Y/N	
Body piercings or other jewelry that cannot be removed	Y/N	
Nitro patch (unremovable) or Nicotine Patch	Y/N	
IUD (copper-7)	Y/N	
Hairpiece/ wig/ toupee/ hairpins/barrettes	Y/N	
Colored contact lenses	Y/N	
Dentures	Y/N	
Port/Port-a-Cath	Y/N	

Have you had an MRI before? If so, when? _____

Can you lie flat (on your back) and remain still for approximately 30-45 minutes? _____

Do you require eyeglasses to see a computer screen while you sit at a desk? Y/N

Please note: All metallic objects must be removed before going into the scanner room including beeper, cell phone, keys, eyeglasses, hair pins, jewelry, watch, safety pins, paperclips, credit cards, parking stubs, coins, pens, etc. You will be reminded to remove these items before entering the room with the MRI machine.

If you have questions or concerns, please ask BEFORE going into the scanner room. The magnet is ALWAYS on.

By signing below you confirm that the above information is correct to the best of your knowledge and have had the opportunity to ask questions related to this form and the study.

Signature of study volunteer

Date

Signature of MRI Representative

Date