

# MEG Screening Questionnaire

Name \_\_\_\_\_ Date \_\_\_\_\_

Please note that there are **no safety related exclusions** to MEG scanning. This screening form is to ensure that the recorded data is free of artifacts. Please also note that MEG is **more sensitive** to artifacts from metal than MRI.

## Remove all metallic objects including:

- Cell phones, electronics
- Keys, paper clips, money clips, wallets, coins, pens
- Jewelry, watches
- Hair pins, barrettes, pony tail holders
- Hearing aids, dentures
- Piercings
- Underwire Bras
- Mascara, moisturizer, makeup of any kind
- Nothing magnetic is allowed in the MSR

Have you ever been injured by a metallic object? (i.e. BBs, bullets, shrapnel, etc.)

No  Yes Details? \_\_\_\_\_

Do you have an implanted cardiac pacemaker or defibrillator?

No  Yes Details? \_\_\_\_\_

Do you have an implanted stimulator? (i.e. VNS, DBS, etc)

No  Yes Details? \_\_\_\_\_

Do you have an implanted drug infusion device? (i.e. insulin pump)

No  Yes Details? \_\_\_\_\_

Do you have a cochlear, otologic, or ear implant?

No  Yes Details? \_\_\_\_\_

Do you have implanted aneurysm clips?

No  Yes Details? \_\_\_\_\_

Do you have any type of prosthesis?

No  Yes Details? \_\_\_\_\_

Do you have an implanted heart valve?

No  Yes Details? \_\_\_\_\_

Do you have wire sutures or surgical staples?

No  Yes Details? \_\_\_\_\_

Do you have any orthopedic rods, pins, screws, or plates?

No  Yes Details? \_\_\_\_\_

Have you had any other surgeries where metal was implanted?

No  Yes Details? \_\_\_\_\_

Do you have dental implants or metallic fillings?

No  Yes Details? \_\_\_\_\_

Do you have any other metal fragments in the body or eyes?

No  Yes Details? \_\_\_\_\_

Do you wear a hearing aid?

No  Yes Details? \_\_\_\_\_

Do you have braces or a permanent retainer?

No  Yes Details? \_\_\_\_\_

Do you have any piercings?

No  Yes Details? \_\_\_\_\_

Do you wear glasses or contacts?

No  Yes Details? \_\_\_\_\_

Do you have normal hearing?

No  Yes Details? \_\_\_\_\_