

NAME /名字: \_\_\_\_\_

MRN: \_\_\_\_\_

## Screening Questions

### 筛选问题

- |          |         |  |
|----------|---------|--|
| Yes<br>是 | No<br>否 | Do you have a <b>pacemaker, defibrillator or aneurysm clips</b> ?<br>你有心脏起搏器, 除颤器或动脉瘤夹?                                  |
| 是        | 否       | Have you ever had a metal injury to your eyes or metal shavings /splinters in your eyes?<br>你的眼睛曾经被金属伤害过或你的眼睛有过金属薄片/碎片吗? |
| 是        | 否       | Are you pregnant or is there a possibility that you may be pregnant?<br>您是否怀孕或可能怀孕了吗?                                    |
| 是        | 否       | Do you have a history of asthma, allergic reactions and or a reaction to gadolinium?<br>你有哮喘历史, 过敏反应和或对钆反应吗?             |
| 是        | 否       | Do you have any medication allergies? List: _____<br>你有任何药物过敏吗? 列举: _____  |
| 是        | 否       | Do you have a history of renal (kidney) disease?<br>你是否有过肾(肾)疾病史?  |
| 是        | 否       | Do you have a history of hypertension?<br>你是否有过高血压病史?  |
| 是        | 否       | Are you Claustrophobic?<br>你有幽闭恐怖症吗?   |

### Do you have any of the following?

#### 你是否有下列任何情况?

- |          |         |  |          |         |  |
|----------|---------|--|----------|---------|--|
| Yes<br>是 | No<br>否 | Pacemaker or Pacer Wires<br>起搏器或起搏电线               | Yes<br>是 | No<br>否 | Heart Valve Prosthesis<br>人工心脏瓣膜                 |
| 是        | 否       | Aneurysm Clips<br>动脉瘤夹                             | 是        | 否       | Eyelid Spring or Wire<br>眼睑弹簧或金属丝                |
| 是        | 否       | Defibrillator<br>心脏除颤器                             | 是        | 否       | Electronic implant or device<br>人工电子植物或装置        |
| 是        | 否       | Internal Electrodes or Wires<br>体内部电极或电线           | 是        | 否       | Shunt (spinal or intraventricular)<br>分流器(脊髓或脑室) |
| 是        | 否       | Bone Growth/Bone fusion Stimulators<br>骨增生/植骨融合刺激器 | 是        | 否       | Radiation Seeds<br>辐射种子                          |
| 是        | 否       | Cochlear, Otologic Ear Implant<br>人工耳蜗, 耳植入        | 是        | 否       | Transdermal Patch<br>电极罩                         |
| 是        | 否       | Insulin or Infusion Pump<br>胰岛素或输液泵                | 是        | 否       | Breast Tissue Expander<br>乳腺组织膨胀器                |
| 是        | 否       | Swan-Ganz or Thermodilution Catheter<br>漂浮导管或热导管   | 是        | 否       | Joint Replacement<br>关节置换                        |
| 是        | 否       | IUD, Diaphragm or Pessary<br>宫内避孕器, 避孕膜片或节育栓       | 是        | 否       | Dentures or Partial Plates<br>假牙或部分托牙板           |

<b>Yes</b>	<b>No</b>	Prosthesis (Eye, Penile, Limb)	<b>Yes</b>	<b>No</b>	Tattoo or Permanent Make Up
是	否	假肢 (义眼, 阴茎, 四肢)	是	否	纹身或永久化妆
		Any Metallic Fragment			Body Piercing Jewelry
是	否	任何金属碎片	是	否	身体穿孔/穿体饰品
		Surgical Staples, Clips, Metallic Sutures			Hearing Aids
是	否	外科缝合钉, 手术夹, 金属缝合线	是	否	助听器
		Bone/Joint pin, Screw, Nail, Wire, Plate			Metallic Stent, Filter, Coil or Metal Mesh
是	否	骨/联合针, 螺丝, 钉, 丝, 板	是	否	金属内支架, 过滤器, 线圈或金属网
		Magnetically Activated Implants			
是	否	磁激活种植体			

I attest 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 MRI procedure(s) I am about to undergo.

本人证明, 上述资料以我所知是正确的。我已经阅读和理解本表格的内容, 并有机会提问有关本表格的具体情况, 以及提问有关我将要进行的磁共振 (MRI) 检查程序具体情况。

签名: \_\_\_\_\_  
Signature:

日期: \_\_\_\_\_  
Date:

**Notice of Privacy / 隐私公告**

I hereby acknowledge receipt of Sharp and Children's MRI (scMRI) Center's Notice of Privacy which describes the ways in which scMRI may use and disclose my protected health information and describes my rights as a patient of scMRI with regard to that information.

我谨确认收到 Sharp and Children's MRI (scMRI) 中心的隐私公告。隐私公告中描述了 scMRI 在何种方式可以使用和披露我受保护的健康资料, 并描述了我作为一个 scMRI 病人而对于这些资料的权利。

签名: \_\_\_\_\_  
Signature:

日期: \_\_\_\_\_  
Date: