

Martinos Center Patient / Subject MEG Screening Form
(Must be used before any MEG recording)

Name _____ Date of Birth _____ Date _____

MGH # _____ Gender _____ Race/Ethnicity _____ Principal Investigator _____

Assessment of Risk of falls

Please answer these questions to help us know your risk for falls. Select your answer and mark the box:

1. How are you feeling right now? weak, dizzy, light headed, fine, other

2. Recently, have you had any falls? YES NO

3. Do you need help to walk? YES NO

If Yes, what type of help do you need to walk? crutches a walker a cane a companion to help you

Other: _____

In a separate consent procedure, I have agreed to participate in a magnetoencephalography (MEG) study. In order to evaluate the safety of using a de-magnetizer to remove or significantly reduce the magnetization of my body, I need to inform the experimenters of any metal in my body. I understand that incomplete or inaccurate answers to these questions could place me at risk.

I have / had	YES	NO	If Yes, Please Explain
Vagal Nerve Stimulator	_____	_____	_____
Cochlear Implant	_____	_____	_____
Other Neurostimulator	_____	_____	_____
Surgical Clip	_____	_____	_____
Cardiac Pacemaker	_____	_____	_____
Prosthetic Heart Valve	_____	_____	_____
Metal Rod, Plate or Screw	_____	_____	_____
Other implanted Medical Device	_____	_____	_____
Hearing Aid, Dentures	_____	_____	_____
Previous Injury or Surgery that may have left any metal in my body	_____	_____	_____
Previous Head Trauma	_____	_____	_____
Dental Work (fillings, wires, root canals, etc)	_____	_____	_____

I hereby agree to have a MEG study.

Signature _____ Date _____

Witnessed By _____ Date _____

I have received a signed copy of the informed consent document for this study. _____ (initial)

To be filled out by investigator: IRB Protocol Number _____ IRB Expiration Date _____ Rescan Yes No