MRI Safety Screening

Patient Details

First Name | Surname

☐ MALE ☐ FEMALE | Birth Date DD MM YYYY | Age

Reason for MRI Scan (symptoms, diagnosis, or area of concern):

MRI Scan History

1. Have you previously had an MRI scan? ☐ YES ☐ NO

   If Yes, please state: MRI Facility | Scan Date DD MM YYYY

   Body Part Scanned

2. Have you ever received a contrast agent (dye) for an MRI, CT, or other X-Ray study?

   ☐ YES ☐ NO

3. Have you ever had an allergic or adverse reaction to MRI, CT, or X-ray contrast dye?

   ☐ YES ☐ NO

   If Yes, please provide details

Medical History

4. Have you ever had a metal fragment or foreign object enter your body (e.g., bullet, BB pellet, metal shavings, shrapnel, or other metal fragment)?

   ☐ YES ☐ NO

If Yes, did you seek medical attention? ☐ YES ☐ NO

If Yes, was the foreign body removed? ☐ YES ☐ NO

3T Cayman Ltd | +1 345 949 3888 | info@3tcayman.com | 3tcayman.com

Anthony S Eden Hospital | 95 Hospital Rd | PO Box 11822 | Grand Cayman KY1-1009 | Cayman Islands

Medical History

5. Have you ever had a surgical operation or procedure? ☐ YES ☐ NO

If yes, list all prior surgeries and approximate dates:

6. Have you ever had a spinal fusion procedure? ☐ YES ☐ NO

7. Have you had an endoscopy or colonoscopy in the past 3 months? ☐ YES ☐ NO

8. Do you have history of any of the following?:

- Kidney disease or impaired kidney function ☐ YES ☐ NO
- Diabetes ☐ YES ☐ NO
- Asthma ☐ YES ☐ NO
- Other respiratory or allergic condition ☐ YES ☐ NO

9. Do you have any drug allergies? ☐ YES ☐ NO

If Yes, please list drugs

Removable Medical Devices

10. Do you have any of the following?:

- Hearing aid ☐ YES ☐ NO
- Medication patch ☐ YES ☐ NO
- Removable drug pump (e.g., insulin pump) ☐ YES ☐ NO
- Artificial limb or prosthesis ☐ YES ☐ NO
- Dentures, false teeth, or partial dental plate ☐ YES ☐ NO
- Diaphragm or pessary ☐ YES ☐ NO

11. Have you swallowed a capsule endoscopy ('pill cam') within the past 30 days?

☐ YES ☐ NO If Yes, date ingested DD MM YYYY

12. Do you have any of the following?:

- Body piercing ☐ YES ☐ NO If Yes, location:
- Wig, hair implants ☐ YES ☐ NO
- Tattoos or tattooed eyeliner ☐ YES ☐ NO

For Female Patients Only

13. Are you pregnant or suspect you may be pregnant? ☐ YES ☐ NO

14. Are you breast feeding? ☐ YES ☐ NO

15. Date of last menstrual period ☐ YES ☐ NO ☐ N/A

16. Are you post-menopausal? ☐ YES ☐ NO

Additional Implants or Foreign Bodies

The following items may be harmful to you during your MRI scan or may interfere with the MRI examination. You must answer Yes or No for every item.

Any type of electronic, mechanical, or magnetic implant	☐ YES	☐ NO	Type:
Cardiac pacemaker, defibrillator or cardiac implant (in-place or removed)	☐ YES	☐ NO	
Aneurysm clip	☐ YES	☐ NO	
Neuro stimulator or biostimulator	☐ YES	☐ NO	
Any type of internal electrodes or wires	☐ YES	☐ NO	
Cochlear implant or any type of ear implant	☐ YES	☐ NO	
Implanted drug pump (e.g., insulin, Baclofen, chemotherapy, pain medicine)	☐ YES	☐ NO	
Spinal fixation device	☐ YES	☐ NO	
Any type of coil, filter or stent	☐ YES	☐ NO	Type:
Artificial heart valve	☐ YES	☐ NO	
Penile implant	☐ YES	☐ NO	
Artificial eye, eyelid spring or eyelid weight	☐ YES	☐ NO	Type:
Any type of implant held in place by a magnet	☐ YES	☐ NO	Type:
Any type of surgical clip or staple	☐ YES	☐ NO	
Any IV access port (e.g., Broviac, Port-a-Cath, Hickman, PICC line)	☐ YES	☐ NO	
Shunt	☐ YES	☐ NO	
Tissue expander (e.g. breast)	☐ YES	☐ NO	
IUD	☐ YES	☐ NO	Type:
Surgical Mesh	☐ YES	☐ NO	Location:
Radiation seeds (e.g., cancer treatment)	☐ YES	☐ NO	
Any implanted items (e.g., pins, rods, screws, nails, plates, wires)	☐ YES	☐ NO	

Prepare for Your MRI

To ensure your safety and the quality of your MRI scan, please follow the instructions below:

- You must wear the earplugs or headphones provided during your MRI scan. MRI scanners produce loud noises that may be uncomfortable and can affect your hearing without appropriate protection.
- Wear the gown provided
- Please remove:
  - Jewellery, watches and body piercings
  - Hairpins, clips, barrettes, and other hair accessories
  - Wigs and removable hairpieces
  - Hearing aids
  - Dentures and removable dental appliances
  - Glasses
- Do not bring any personal belongings into the MRI scanning room. Secure all items in the lockers provided, including mobile phones, electronic devices, smart watches, keys, coins, wallets, and bank cards.
- Inform the MRI technologist if you are wearing any medical devices, patches, or implants that have not been disclosed on this form.

Patient Declaration

I certify that the information provided on this form is complete and accurate to the best of my knowledge. I have read and understood the information contained in this form and have had the opportunity to ask questions and receive satisfactory answers prior to my examination.

Patient Name | Patient Signature

MD/RN/RT Name | MD/RN/RT Signature

Date DD MM YYYY