

Pet Imaging Questionnaire

Name: _____ Date: _____
 D.O.B.: _____ Height: _____ Weight: _____
 History: _____ MR#: _____
 Referred By: _____ Photo ID Checked By: _____
 Zip Code: _____

Yes No

- Are you a diabetic? Recent Blood Sugar: _____ Oral Meds/Insulin
- Are you anemic? Bone marrow stimulating meds? When: _____
 PO Iron, IM B-12, Aranesp, Procrit, Blood Transfusion,
 Neulasta, Neupogen, GCSF (Growth Colony Stimulating
 Factor, Pediatric Patients)
- Have you had a CT Scan? When: _____
- Chemotherapy or
 currently on Chemotherapy? When: _____
- Any other Cancer drugs? What: _____ When: _____
- Radiation Therapy? When: _____ Area radiated: _____
- Have you had any surgery? When: _____ What kind: _____
- Have you had a PET/CT? When: _____ Where: _____
- Is there any chance that you may be pregnant or breast-feeding?
- Have you had a biopsy? If Yes, What was the surgical pathology? _____

Signature of Patient: _____ Date: _____

Signature of Witness: _____ Date: _____

Assay: _____ mCi FDG @ _____

Injection: RT: _____ LT: _____ @ _____

Residual: _____ MCI@ _____ Technologist Amount Injected _____ mCi

Notes: _____



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