SMH Imaging Center℠

PET/CT PATIENT QUESTIONNAIRE

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Age: _____ Gender: _____

THIS PROCEDURE CONSISTS OF A RADIOACTIVE INJECTION INTO A VEIN IN YOUR UPPER EXTREMITY.

Is there a possibility you might be pregnant? ◯ Yes ◯ No

Are you diabetic? ◯ Yes ◯ No If yes, what is your insulin dose? _____

Which medications do you take at home? _____

If you have any allergies to any medications OR iodinated contrast (X-ray dye), please list:

_____

Did you bring any radiology films/CDs with you? ◯ Yes ◯ No

If you said "no" to the last question, have you had a _____ CT or _____ MRI before? ◯ Yes ◯ No

If so, where and when were they performed? _____

Have you ever had a PET Scan before? ◯ Yes ◯ No If yes, where and when? _____

Name of Physician ordering this PET scan? _____

If you have a known cancer, the following applies to you:

What type of cancer do you have? _____

When was it diagnosed? _____ Have you ever had surgery for your cancer? ◯ Yes ◯ No

If yes, when: _____

PLEASE CIRCLE: Have you ever had **CHEMOTHERAPY** or **RADIATION THERAPY** for your cancer? ◯ Yes ◯ No

Have you had any new symptoms since your last PET scan? ◯ Yes ◯ No

If so, please list: _____

Do you know your tumor marker levels (CEA or CA125)? _____

Have you ever been diagnosed with any other cancer? ◯ Yes ◯ No If so what type? _____

I ACKNOWLEDGE THAT I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS AND ACKNOWLEDGE THAT MY QUESTIONS HAVE BEEN ANSWERED.

Signature: _____ Date: _____

1495 Gause Boulevard | Slidell, Louisiana 70458 | Phone (985) 280-5200 | Fax (985) 280-5201