



RIVER RADIOLOGY PET SCAN PATIENT HISTORY QUESTIONNAIRE

Patients: Please do your best to answer each question completely.

Patient Name: _____ Date: ____/____/____

Date of Birth: ____/____/____ Height: _____ Weight _____ lbs.

Please tell us why your doctor ordered a PET Scan at this time: _____

Are you a diabetic? Yes No

If yes, please list you medication and time of last dose: _____

Women: Is there any chance that you are pregnant? Yes No Date of LMP: ____/____/____

Have you had a biopsy or biopsies? Yes No If yes, please list dates and findings:

Have you had surgery related to this problem? Date or dates: _____

If yes, please tell us where the surgery or surgeries were performed, what was found and what was done by the surgeon: _____

Have you had radiation therapy? Yes No Dates: _____

What area of the body was treated? _____

Have you had chemotherapy previously? Yes No Dates: _____

Have you had chemotherapy recently? Yes No Dates: _____

Most recent CT, PET or other studies done elsewhere: _____

*****DO NOT WRITE BELOW THIS LINE*****

IV Site: _____

IV started by: _____ RN Questionnaire check by: _____

Biopsy Report called for: _____ Date/Time: _____

Doctor's Phone #: _____ Contact Person: _____

Old films sent for: _____

FDG dose: _____ Time Injected: _____ Time Scanned: _____ Tech: _____