



PET/CT Scan Questionnaire

Name: _____ **Date of Birth:** _____

Sex: M F **Height:** _____ (ft) _____ (inches) **Weight:** _____ (lbs)

Reason for Exam: _____

Have you had anything other than plain water and/or oral medications in the past 6 hours? Y / N

Other than plain water what did you last eat or drink and what time? _____

Are you a diabetic? Y / N Are you insulin Dependent? Y / N Time of last injection? _____

Type of Insulin injected: _____ How many units did you inject? _____

Do you have a diagnosed cancer(s) Y / N If yes, what type & when was it diagnosed? _____

Biopsy in the last 4-6 weeks Y / N If yes, what body part & when? _____

Surgery for your cancer(s) Y / N If yes, what surgery & when? _____

Radiation Therapy Y / N If yes, what body part & when? _____

Chemotherapy Y / N If yes, when? _____

Radiofrequency Ablation Y / N If yes, when? _____

Any Surgery in the past 2 years Y / N If yes, what body part & when? _____

Other History:

Colostomy Y / N Ileostomy Y / N Pacemaker Y / N

Indwelling catheter Y / N If yes, what body part? _____

Drains or open wounds Y / N If yes, what body part? _____

Infections Y / N If yes, what body part? _____

Artificial joints Y / N If yes, what body part? _____

Implants Y / N If yes, what body part? _____

Recent injuries Y / N If yes, what body part? _____

Arthritis Y / N If yes, what body part? _____

Prior CT Scans Y / N If yes, where? _____

Prior MRI Scans Y / N If yes, where? _____

Prior PET/CT Scans Y / N If yes, where? _____

Any other major illnesses: _____

I have reviewed this questionnaire with the Patient or the Patient's Representative.

Technologist: _____