

PET question form

When was the last time you had anything to eat or drink? _____

Are you sick now? [] Yes [] No _____

Do you have diabetes? [] Yes [] No
If yes, what type: _____

Do you have any broken bones? [] Yes [] No _____

Do you take insulin? [] Yes [] No

Are you in any pain? [] Yes [] No _____

Do you take glucose by mouth? [] Yes [] No

Do you have kidney disease? [] Yes [] No

Are taking GCSF (granulocyte colony stimulating factor) bone marrow drugs, such as Filgrastim

Neupogen[®] or Granix[®]? [] Yes [] No

What's the reason for your exam today?: _____

Please describe any surgeries or biopsies you've had, and when: _____

Have you ever been treated for cancer? _____

When was your last radiation treatment? _____

When was your last chemotherapy? _____ How many cycles? _____ Where? _____

When was your last colonoscopy (colon cancer screening)? _____ Where? _____

When and where did you have your last: _____

PET scan? _____ Where: _____

CT or Cat scan? _____ Where: _____

MRI scan? _____ Where: _____

Women Only:

Any possibility of being pregnant? [] Yes [] No

Breast feeding? [] Yes [] No

Have you gone through menopause? [] Yes [] No If yes, at what age? _____

When was your last menstrual cycle (period)? _____

For office use only

Patient name: _____ Date of birth: _____ Weight: _____ Height: _____

IV site: _____ Assay time: _____ Initial assay: _____ mCi

Isotope injected: F- _____ Injection time: _____ Assay residual: _____ mCi

Glucose level: _____ mg/dl Scan start time: _____ Residual time: _____

Technologist signature: _____ FDG dose: _____ mCi