

PET / CT QUESTIONNAIRE

All new patients please complete entire questionnaire.
Previous patients, please inform us of anything that has happened since your last scan.

Patient Name: _____ Today's Date: _____

Reasons For Having PET/CT Scan: _____

When Problem Started: _____ Describe: _____

Previous Surgical History: (Please be as precise as possible. It does affect the PET interpretation)

| Date | Surgery | Location |
|-------|---------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| Date | Biopsy | Location |
|-------|--------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Do you have any device in your body? (Catheter, pacemaker, stent, shunt, etc. ?)

| Date | Device |
|-------|--------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Have you had any radiation treatment: No Yes If yes, describe below:

| Date | Part of body receiving radiation | (Please be as precise as possible) |
|-------|----------------------------------|------------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Have you received chemotherapy: No Yes If yes, describe below:

Date Medication received (CSA, HGF, etc.)

Did you have a bone marrow transplant: No Yes If yes, describe below:

Date Medication Received (CSA, HGF, etc.)

Have you ever been diagnosed with the following: (Check all that apply)

T.S. Sarcoid Aspergelosis Histoplasmosis Epstein-Barr Virus
 Granulomatosis Atypical T.B. Glandular fever Sarcoidosis
 Blood clot in the lung _____

Do you currently have any infection, pain, swelling, redness and fever anywhere in your body: Yes No (Including sinus, tooth, etc.)

If yes, where is the infection located: _____

If yes, where is the pain located: _____

If yes, where is the swelling located: _____

If yes, where is the redness located: _____

If yes, where is the fever located: _____

Are you currently taking steroids: _____

Are you currently taking diabetic medication: _____

List any other diseases for which you have been diagnosed and when: _____

**RELEASE OF INFORMATION
PHYSICIAN'S LIST**

