

# DOCTORS GROOVER CHRISTIE & MERRITT

R A D I O L O G I S T S

Advancing Medical Imaging Since 1916

## PET/CT Patient Questionnaire

Please print clearly.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ lbs.

1. Are you diabetic? YES NO  
Are you insulin dependent? YES NO  
Date & time of last insulin dose: \_\_\_\_\_  
Last blood sugar reading: \_\_\_\_\_ Date and time: \_\_\_\_\_

2. Recent surgeries/biopsies? (Last 12 Months)  
Date: \_\_\_\_\_  
Please describe: \_\_\_\_\_

3. Are you allergic to any medications? YES NO  
Please list: \_\_\_\_\_

4. Previous chemotherapy? YES NO  
Most recent completion date: \_\_\_\_\_

5. Previous radiation therapy? YES NO  
Most recent completion date: \_\_\_\_\_

6. Recent infections? YES NO  
Please describe: \_\_\_\_\_  
\_\_\_\_\_

7. When did you last eat or drink? \_\_\_\_\_

8. Please list all medications that you are currently taking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Do you currently experience incontinence? YES NO

Males: Any history of prostate cancer: YES NO

Females: Is there any possibility that you may be pregnant? YES NO

**\*\*If you think you may be pregnant or not sure about your pregnancy status, please inform the technologist. \*\***

10. Do you have a history of any of the following conditions? Please circle YES or NO and provide an explanation below of any YES answer(s).

Tumor	YES	NO
Smoking	YES	NO
Asbestos Exposure	YES	NO
Hypertension	YES	NO
Stroke	YES	NO
Coronary Artery Disease	YES	NO
Closed Head Injury	YES	NO
Seizures	YES	NO
Thyroid Disease	YES	NO
Liver Disease (Cirrhosis)	YES	NO
Memory Problems	YES	NO
Claustrophobia	YES	NO

Explanation:

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Please provide the date and location of your most recent study:

Type	Date	Location (Facility)
Chest X-ray	_____	_____
CT	_____	_____
MRI	_____	_____
Bone Scan	_____	_____
PET Scan	_____	_____
Other	_____	_____

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referring physician: \_\_\_\_\_

Please send extra copies of report to: \_\_\_\_\_

**PATIENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_