

PET CT Questionnaire



MRN#

DOB:

Patient Name:

Date:

Provider:

Patient Name: _____ Ordering Provider: _____
Gender: Female Male
Reason for today's exam: _____

1. Have you had any recent surgeries? YES NO
If yes, what procedure and when? _____
2. Do you have any infections or open wounds? YES NO
If yes, please describe: _____
3. Have you had any recent chemotherapy or radiation treatments? YES NO
If yes, please describe: _____
4. Have you had a prior PET Scan? YES NO
If yes, when and where: _____
5. Have you had any other imaging done related to this visit? YES NO
If yes, what, when and where: _____
6. Do you have known renal (kidney) function problems? YES NO
If yes, please describe: _____
7. Have you had any prior reaction to iodine containing contrast agents? YES NO
If yes, please describe: _____

Signature

I have answered all the above questions to the best of my ability.

Patient Signature (or person authorized to sign for Patient)

Date

Relationship to Patient if signing for Patient

Interpreter Signature (or ID# if using service), as applicable

Date