



# PET/CT FDG Scan Questionnaire Form

PET/CT.MAN.002  
PET/CT Manual / Regulatory Affairs  
Effective Date: August 1, 2013

Patient Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

When is your follow-up appointment & who is the doctor? \_\_\_\_\_ Date & Time: \_\_\_\_\_

Are you allergic to any medications? If yes, please list them: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

YES  NO Are you diabetic? (Type) \_\_\_\_\_

YES  NO Do you take insulin? \_\_\_\_\_

YES  NO Do you take oral diabetic medications? \_\_\_\_\_

YES  NO Do you take Neupogen, Leukine or Neulasta after chemo? \_\_\_\_\_

YES  NO Kidney failure \_\_\_\_\_

YES  NO Reaction- X-Ray Contrast \_\_\_\_\_

Do you have a **history of tumors or cancer** in your body? If yes, please list them with year of diagnosis: \_\_\_\_\_

List any surgeries or biopsies with dates in the past 6 months and any surgery with date related to your cancer: \_\_\_\_\_

YES  NO Have you had radiation therapy? When was your last radiation therapy? \_\_\_\_\_

What part of your body received radiation therapy? \_\_\_\_\_

YES  NO Have you had chemotherapy? When was your last chemotherapy? \_\_\_\_\_

When was your most recent **PET Scan**? \_\_\_\_\_ What facility? \_\_\_\_\_

When was your most recent **CT Scan**? \_\_\_\_\_ What facility? \_\_\_\_\_

What part of your body? \_\_\_\_\_

When was your most recent **MRI Scan**? \_\_\_\_\_ What facility? \_\_\_\_\_

What part of your body? \_\_\_\_\_

### FEMALE PATIENTS:

YES  NO Is there any possibility you could be pregnant? LMP? \_\_\_\_\_

YES  NO Are you breastfeeding? (Follow special instructions given at scheduling.)

### TECHNOLOGIST INJECTION INFORMATION

Questionnaire must be reviewed with patient. **Technologist Initials:** \_\_\_\_\_

(Make sure the questionnaire has been completed, and it matches Intake Form and Body Sheet)

IV Site: \_\_\_\_\_ Initial Assay; \_\_\_\_\_ mCi Assay Time: \_\_\_\_\_

Glucose Level: \_\_\_\_\_ Post Assay: \_\_\_\_\_ mCi: **Injection Time:** \_\_\_\_\_

Volume Injected: \_\_\_\_\_ Injected: \_\_\_\_\_ mCi **Scan Start Time :** \_\_\_\_\_

**Time between Injection and Start of Exam** \_\_\_\_\_ min **CTDI** \_\_\_\_\_ **DLP** \_\_\_\_\_

Contrast \_\_\_\_\_ cc \_\_\_\_\_ No Contrast

2D  3D

**By (Technologist):** \_\_\_\_\_