HOBOKEN RADIOLOGY

*Providing a clearer image of health*

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# PET/CT QUESTIONAIRE

**MR#** _____
OFFICE USE ONLY

## PATIENT INFORMATION

**NAME:**_____

**D.O.B.:**_____ **SEX:** ☐ MALE ☐ FEMALE **HEIGHT:** _____ **WEIGHT:** _____

**DIAGNOSIS:**_____

**REASON FOR PET/SCAN:**_____

**ARE YOU PREGNANT OR POSSIBLY PREGNANT?** ☐ YES ☐ NO

**ARE YOU BREAST FEEDING?** ☐ YES ☐ NO
*(IF SO, DISCONTINUE USE FOR 24 HOURS AFTER TEST.)*

**WHEN WAS THE LAST TIME YOU HAD ANYTHING TO EAT OR DRINK?** _____

## PATIENT MEDICAL HISTORY

| | YES | NO | |
|---|---|---|---|
| **HISTORY OF CANCER** | ☐ | ☐ | **EXPLAIN**_____ |
| **ASTHMA** | ☐ | ☐ | **EXPLAIN**_____ |
| **DIABETIC** | ☐ | ☐ | **EXPLAIN**_____ |
| **NEUROLOGICAL PROBLEMS** | ☐ | ☐ | **EXPLAIN**_____ |
| **HEART** | ☐ | ☐ | **EXPLAIN**_____ |
| **LUNG PROBLEMS** | ☐ | ☐ | **EXPLAIN**_____ |
| **MUSCULOSKELETAL PROBLEMS** | ☐ | ☐ | **EXPLAIN**_____ |
| **GASTROINTESTINAL PROBLEMS** | ☐ | ☐ | **EXPLAIN**_____ |
| **URINARY PROBLEMS** | ☐ | ☐ | **EXPLAIN**_____ |
| **REPRODUCTIVE ORGAN PROBLEMS** | ☐ | ☐ | **EXPLAIN**_____ |
| **ANY IMPLANTS** | ☐ | ☐ | **EXPLAIN**_____ |
| **RECENT INFECTION** | ☐ | ☐ | **EXPLAIN**_____ |
| **RECENT FALL** | ☐ | ☐ | **EXPLAIN**_____ |
| **MEDICATIONS** | ☐ | ☐ | **EXPLAIN** _____ |

**DOES ANY ONE IN YOUR FAMILY HAVE A HISTORY OF?**

| | YES | NO | |
|---|---|---|---|
| **CANCER** | ☐ | ☐ | **EXPLAIN**_____ |
| **HEART DISEASE** | ☐ | ☐ | **EXPLAIN**_____ |

***(TURN PAGE OVER TO COMPLETE)*** ⇨⇨⇨⇨

**SURGERY:** **WHEN:**
***(Please indicate surgical site)***

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

**CHEMO THERAPY:** ☐ **YES** ☐ **NO**

**IF YES WHEN DID TREATMENT START?** _____
**HOW MANY CYCLES?** _____
**WHEN DID TREATMENT END?** _____
**WHAT DRUGS WERE USED?** _____

**BIOPSY:** ☐ **YES** ☐ **NO**

**IF YES WHEN WAS THE BIOPSY DONE?** _____
**THE SITE OF THE BIOPSY?** _____
**WHAT WERE THE BIOPSY RESULTS?** _____

**RADIATION:** ☐ **YES** ☐ **NO**

**IF YES, WHEN DID TREATMENT START?** _____
**WHAT AREA RECEIVED TREATMENT?** _____
**HOW MANY FRACTIONS?** _____

**ANY RECENT IMAGING PROCEDURES?** ☐ **YES** ☐ **NO**

**IF YES, LIST TYPE OF EXAM(S) PERFORMED** **WHEN:**
***(Please indicate anatomical site of exam)***

_____ _____
_____ _____
_____ _____

**CONSENT FOR TREATMENT: I DO HEREBY CONSENT HOBOKEN RADIOLOGY LLC, TO PERFORM THE PET/CT SCAN. MY SIGNATURE BELOW CERTIFIES MY CONSENT FOR THIS PROCEDURE TO BE PERFORMED.**

_____ _____
**Signature of Patient or Legal Guardian** **Date**

_____ _____
**Witness** **Date**