

Facility: _____



PET/CT Amyloid Brain Patient Questionnaire

PET/CT.POL.002 Effective Date: August 1, 2013

Patient Name: _____ **Today's Date:** _____

When is your follow-up appointment & who is the physician? _____ **Date & Time:** _____

Other physician to receive report: _____

Do you know why your physician ordered this exam? _____

What **symptoms** are you having? _____

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

When was your most recent **Brain PET exam**? _____ What facility? _____

When was your most recent **Brain MRI exam**? _____ What facility? _____

When was your most recent **Brain CT exam**? _____ What facility? _____

FEMALE PATIENTS:

YES NO **Is there any possibility you could be pregnant?** **LMP?** _____

YES NO **Are you breastfeeding?**

****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: _____

Post Assay: _____ mCi: **Injection Time:** _____

Volume Injected: _____ Injected: _____ mCi **Scan Start Time :** _____

Acquisition: Dynamic Static Minutes Per Frame: _____

Time between Injection and Start of Exam _____ min **CTDI** _____ **DLP** _____

Tech Comments: _____