

Facility: _____



PET/CT FDG Brain Questionnaire Form

PET/CT.POL.002 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: _____

- YES NO **Are you diabetic?** **Height:** _____ **Weight:** _____
- YES NO **Do you take insulin?**
- YES NO **Do you take oral diabetic medications?**

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

Do you know why your physician ordered this exam?: _____

What **symptoms** have you been experiencing recently? _____

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?**

Please indicate whether you have a **history** of any of the following: (Please indicate what type)

- YES NO **KIDNEY FAILURE** _____
- YES NO **DIABETES** _____
- YES NO **INSULIN DEPENDENCE** _____
- YES NO **REACTION- X-RAY CONTRAST** _____

****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** _____