MCAMI PET/ CT Patient Questionnaire

Patient Name _____ Date _____/_____/_____
Date of Birth ____/_____/_____ Gender: Male or Female
Any chance pregnancy/breast feeding? Y / N Date last menstrual period ___/___/___
Height _____ Weight _____
When did you eat last? (date & time)_____
Medication allergies_____
Prior reaction to IV **OR** oral contrast? Y / N If yes, specify _____
Diabetic Y / N Diabetic Meds. _____
Claustrophobic Y / N
Reason for Scan _____
List additional names of Doctors to receive copy of PET/CT
_____

Medical History

Personal History of Cancer: Type, date and anatomical location
_____
History of Malignant Melanoma: Y / N If yes, date and anatomical location:
_____
Major Surgeries: Type and date
_____
_____
Chemotherapy: Type and date (of last treatment)
_____
Radiation: Anatomical location and date (of last treatment)
_____
Bone Marrow Transplant or Stem Cell Transplant: Y / N If yes, when?
_____

Do you CURRENTLY have any of the following:

Ileostomy	Y / N	Location	_____
Colostomy	Y / N	Location	_____
Drains, Open wounds	Y / N	Location	_____
Indwelling Catheter	Y / N	Location	_____
Infections	Y / N	Location	_____
Pacemakers	Y / N	Location	_____
Artificial Joints	Y / N	Location	_____
Implants/PORT	Y / N	Location	_____
Recent Injuries	Y / N	Location	_____
Arthritis	Y / N	Location	_____
Ileal Conduit	Y / N	Location	_____
Do you smoke?	Y / N	List last time	_____