





**PET Patient Questionnaire**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

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

Referring Physician: \_\_\_\_\_ Primary Physician: \_\_\_\_\_

Reason for today's exam? \_\_\_\_\_

**Personal Medical History**

1. Do you have Diabetes? YES/NO if yes, what medications are you taking? \_\_\_\_\_

\_\_\_\_\_

2. Please describe any other diagnosed medical problems: \_\_\_\_\_

\_\_\_\_\_

3. Please list ALL medications you are taking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. List any allergies to food or medication: \_\_\_\_\_

\_\_\_\_\_

5. Have you ever smoked cigarettes at any time? YES/NO How many packs per day? \_\_\_\_\_ Years? \_\_\_\_\_

6. Female patients, please list the following:

Last menstruation: \_\_\_\_\_ Length of cycle: \_\_\_\_\_ Have you had a tubal ligation: YES/NO

7. Please list your most recent history of radiological studies:

	Date	Body Region	Facility Where Performed
CT Scan:	_____	_____	_____
MRI Scan:	_____	_____	_____
PET Scan:	_____	_____	_____

