marinhealth
PET/CT Imaging

Patient Label

Patient Intake Form

Patient Name: ______________________ **DOB** (mm/dd/yyyy): ___/___/______

Are you claustrophobic? ☐ Yes ☐ No **Age:** ______ **Height (ft/in):** __________ **Weight (lbs):** __________

Are you currently Fasting > 6 Hours? ☐ Yes ☐ No

If NO please list last food and/or drink: ______________________

What time did you last eat? ________ a.m. | p.m. **When did you last drink something?** ________ a.m. | p.m.

Any known drug or latex allergies? ☐ Yes ☐ No **If YES, please list:** ______________________

IF YOU ARE DIABETIC, when was your last dose of diabetic medication? __________ **and which medication (circle one):** Insulin | Metformin | Other:

IF YOU ARE FEMALE, is there any chance you are pregnant? ☐ Yes ☐ No

PET QUESTIONNAIRE:

1. **Why did your doctor request a PET scan?** ______________________
2. **Do you have any history of cancer?** ☐ Yes ☐ No **If YES, when diagnosed?** __________
3. **Any current symptoms/pain?** ☐ Yes ☐ No **If YES, where** ______________ **and how long:** __________
4. **Any recent surgery or biopsy related to current diagnosis?** ☐ Yes ☐ No
   If YES, which body part ______________________ **and what date:** __________
5. **Have you ever had chemotherapy (IV or oral)?** ☐ Yes ☐ No **If YES, last treatment date:** __________
6. **Ever had radiation therapy?** ☐ Yes ☐ No **If YES, body part** ______________ **and date:** __________

CT QUESTIONNAIRE:

1. **Do you have kidney disease?** ☐ Yes ☐ No 2. **Have you ever had IV contrast?** ☐ Yes ☐ No **If YES, please describe:** ______________________

RECENT IMAGING STUDIES (PET/CT, MRI, CT, ULTRASOUND, X-RAY):

Date and area of body: ______________________

FOR TECHNOLOGIST USE ONLY:				
PET DATA:				CT DATA:
IV gauge: Location: Infiltration: Y | N		GLUCOSE:		eGFR | Creatinine:
ISOTOPE: FDG | AXUMING | NAFG | AMYVIDG | OTHER:				Date of collection:
PRE ASSAY: mCi @				Contrast volume:
POST ASSAY: mCi @				CTDI:
INJECTED: mCi @				DLP:
TIME OF ADMINISTRATION:		CTDI:		
TIME OF SCAN:		DLP:		
DELAY:				
Imaging notes:				

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