# PET/CT Patient History Form

**Patient Name**:______________________________________________

**Height**:_______________ **Weight**:________________ **Sex**:_________

**Pregnant**:____________ LMP:_________________

**Referring doctor**:______________________________

**Diabetic**: Yes_______ No_______ ***If yes, insulin dose***:__________

**Medications**:______________________________________________

______________________________________________________________

**DIAGNOSIS** (Indications for PET Scan):

*PRIMARY*:____________________________________________________

Date Diagnosed:_______________________________________________

*SECONDARY*:__________________________________________________

Date Diagnosed:_______________________________________________

*SURGERIES*:__________________________________________________

Date:_________________________________________________________

*BIOPSIES*:___________________________________________________

**Chemotherapy?** Yes______ No______ Last Treatment:______________

**Radiation?** Yes ______ No______ Last Treatment:______________

**Previous PET Scan?** Yes______ No_____ When?________________

Where?________________

**New symptoms since last PET Scan?**_____________________________

**Portacath Inserted** Yes______ No______ Location:______________

**Colostomy** Yes______ No______

**Feeding Tube** Yes______ No______

**Prosthesis** Yes______ No______ _________________

**Allergies**: (including x-ray dye)______________ Past Injections:__________

**Time of last meal**: ______________________

**Recent falls or fractures?** Yes_____ No_____

**Recent dental work?** Yes_____ No_____

**Exercise in past 24 hours?** Yes_____ No_____Type:______________

**Other Tests**:

**CT**:___________________________________________________________

**MRI**:__________________________________________________________

**Bone Scan**:____________________________________________________

**Other**:________________________________________________________

**Additional comments**:__________________________________________

______________________________________________________________

**DOSE:________ mCi@__________Location:________Glucose:________**