

Northern Arizona Radiology
PET/CT Questionnaire

Name: _____ MR#: _____

Sex: M F Age: _____ DOB: _____ Exam Date: _____

Height: _____ Weight: _____

Referring Physician: _____

Reason for Exam: _____

Have you had **cancer**? Yes No
If so, what kind? _____ When? _____

Have you had **surgery** for cancer? Yes No
If so, what kind? _____ When? _____

Have you had **chemotherapy**? Yes No When? _____

Have you had **radiation therapy**? Yes No When? _____

Have you had a **prior PET or PET/CT**? Yes No Where? _____

When? _____

Have you eaten in the last 6 hours? Yes No

Are you diabetic? Yes No

When did you last take insulin? _____

Other info that might be helpful: _____

Tech to fill out:

Blood glucose: _____ mg/dl tested by: _____

Assayed FDG dose: _____ mCi time assayed: _____

time FDG injected: _____

FDG injected by: _____

injection site: _____

Residual FDG dose: _____ mCi time residual assayed: _____

*Injected FDG dose: _____ mCi

Notes: _____