

PT LABEL

Northern California PET Imaging Center
BODY – Patient Information Sheet

Please fill this form to the best of your ability as it pertains to your **CURRENT CONDITION**, the technologist will answer any of your questions when they take you in for your procedure.

Are you or could you be PREGNANT? No Yes

What is your current: Ht _____ Wt _____ Do you have CLAUSTROPHOBIA? No Yes

1. Do you know why you are having this test? (Explain) _____

2. Do you have a history of cancer? (Explain) _____

3. Have you ever had surgery? (When & Why) _____

4. Have you had Chemotherapy? (Type / Dates) _____

5. Have you had radiation therapy? (Dates/Sites) _____

6. Do you have a history of diabetes? If yes, what complications, if any, have you had? (Explain) _____

7. Are you currently taking medications for diabetes? (Name/Dose) _____

8. Have you had a CT scan, MRI scan, biopsy or other diagnostic test? (Where / Dates) _____

9. Do you have other medical problems? (Explain) _____

There has been no change since my last visit of _____.

Thank you. Your responses will assist in more complete evaluation of your procedure.

Signature