

ADVANCED SHORE IMAGING ASSOCIATES

PET/CT Patient History Sheet

Patient Name: _____ DOB: _____

Sex _____ Height _____ Weight _____

Reason for Visit: _____ Dx Date: _____

Initial Treatment Strategy _____ (Diagnosis/Staging) ** has not been treated for indication**

Subsequent Treatment Strategy _____ (Restaging/Response)

If subsequent staging, prior PET/CT date and facility _____

Biopsy: Yes _____ No _____

If yes, date & anatomical location _____

Radiation: Last Tx _____ Anatomical location _____

Chemo: Last Tx _____

Surgical History: _____

Diabetic: Yes _____ No _____

How is it controlled? Diet _____ Insulin _____ Oral Meds _____

Has Patient been NPO for at least 4 hours? Yes No

Current Medications: _____

Dose Information: _____ mCi 18F FDG @ _____

Injection Site _____ IV Technologist: _____

Fasting Blood Glucose: _____ mg/dL LMP: _____

Technologist Notes: _____

Scan Time: _____