North Shore-LIJ Staten Island University Hospital
VERRAZANO

PET/CT SCAN PATIENT QUESTIONAIRE

Patient name: _____ **DATE:**_____

Date of Birth: _____ **Wt:** _____ **Ht:** _____

Blood sugar (staff only) (1)_____ **(2)**_____ **(3)**_____

ATTENTION: Please circle YES or NO

1) Are you a diabetic **YES NO**

a) Have you taken any insulin or oral hypoglycemics today? **YES NO**

2) Have you been fasting? **YES NO**

3) Are you hydrated? **YES NO**

R.N. Initials_____Comments:_____

4) Are you pregnant? **YES NO** LMP: _____ Patient's initials: _____

5) Allergies? **YES NO**

Please List: _____

List surgical history: Please state When and Reason

_____

_____

_____

7) Where are your incision sites? _____

8) Have you ever been diagnosed with a malignancy and where are they located?_____

_____

9) When was your last biopsy done and where on the body was it located?_____

_____

10) Have you had Chemotherapy? **YES NO** When was your last time?_____

11) Have you had Radiation therapy? **YES NO** When was your last time?_____

12) Do you have an ostomy site? **YES NO** If YES, where?_____

13) Do you have a catheter (CVC or PORT-A CATH) placed? **YES NO**
If YES, where?_____
If YES, when?_____

14) Do you have any metal objects or prosthesis on? **YES NO**
If YES, where?_____

DO NOT WRITE BELOW THIS LINE – FOR PERFORMING TECHNOLOGIST ONLY

_____

TIME OF INITIAL ASSAY:_____ **ACTIVITY:**_____ **mCi**

TIME OF INJECTION:_____ **TIME OF POST-INJEC. ASSAY:**_____ **ACTIVITY:**_____ **mCi**

TECH:_____ **DATE:**_____ **Time:** _____

TIME-OUT PROCEDURE COMPLETED BY:_____ **&** _____