



PET QUESTIONNAIRE

PATIENT I.D. _____

Diagnosis: _____

Height: _____ Weight: _____ Attending Physician: _____

1. Are you pregnant? Yes No
 Nursing? Yes No
 Date of last menstrual period: _____
2. Are you diabetic? Yes No
 Do you take Metformin? Yes No Date last taken _____
 Do you take insulin? Yes No Date last taken _____
3. Time and content of last meal, fluids: _____
4. When did you last exercise? _____
5. Biopsies / Surgeries:
 When: _____
 Incision site: _____
 Breast implants? Right Left
 CT MRI
6. Recent Imaging:
 Date of CT: _____
 Date of MRI: _____
7. Have you had chemotherapy? Yes No When? _____
8. Have you had radiation therapy? Yes No When? _____
9. Do you have an "ostomy", a catheter, portacath or drains? Yes No
 Location on body: _____
10. Any other medical problems or injuries? Yes No
 If yes, describe: _____
11. Blood glucose level _____ mg / dL

[Dose label #1 here]

[Dose label #2 here]

NAME OF PATIENT (please print)		SIGNATURE OF PATIENT		DATE	TIME
NAME OF STAFF (please print)		TITLE	SIGNATURE OF STAFF	DATE	TIME