

**ROCKLEDGE MRI AND PET IMAGING CENTER
PATIENT QUESTIONNAIRE AND HISTORY FORM**

Patient Name _____ DOB _____ Weight _____
 Patient # _____ DOS _____ Height _____

Referring Physician _____ CC Physician _____

History and type of cancer(s) and date(s) / years initially diagnosed:

Have you received any therapy?	Chemo	Y / N	Dates: _____
	Radiation	Y / N	Dates: _____
	Hormonal	Y / N	Dates: _____

Clinical History (current symptoms):

Times of last beverage / meal: _____ Allergies: _____
 Are you diabetic? Y / N Glucose level: _____ Are you anemic? Y / N
 Surgeries? Biopsies? What type of procedure and the date it was done?

Have you had a recent:
 CT Y / N Facility _____ Date _____ Brought with you? Y / N
 MRI Y / N Facility _____ Date _____ Brought with you? Y / N
 PET Y / N Facility _____ Date _____ Brought with you? Y / N

Technologist use only

Assayed Activity _____ mCi of FDG at (time) _____ Tech initials _____

Injection site _____ at _____

BMI= _____ MINUTE PER BED= _____