

Sand Lake Imaging PET Technologist Worksheet

Date: _____

Tech: _____

Patient Name: _____ MR# _____

D.O.B. _____ AGE: _____ WT: _____ HT: _____

Ordering Physician: _____ Interviewed by: _____

Previous Studies (related to this illness)

<u>Type</u>	<u>Month/Year</u>	<u>Facility</u>	<u>Findings</u>
CT	_____	_____	_____
MRI	_____	_____	_____
X-Rays	_____	_____	_____
PET Scan	_____	_____	_____
Procedure	_____	_____	_____

Time of Last Meal: _____ Any Caffeine in the Last 24 hours?: Yes/No

Allergies: _____ Diabetes: _____

Clinical History

History of Cancer: YES/NO

If so, please list type, & when diagnosed: _____

Have You Ever Had Chemotherapy? YES/NO If So When (include last date): _____

Have You Ever Had Radiation Therapy? YES/NO If So When (include last date): _____

Please List All Biopsies/Surgeries and dates: _____

Assayed Dosage (mCi): _____ Time: _____ Inj. Time: _____

Residual Dosage (mCi): _____ Time: _____ Glucose level*: _____

* If blood glucose is > 150, contact radiologist before injecting patient.