



# P.E.T. PATIENT INFORMATION SHEET

Facility : \_\_\_\_\_

Date: \_\_\_\_\_

Unit#: \_\_\_\_\_

Pt. Contacted: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address/City/State/Zip Code: \_\_\_\_\_

SSN#: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Wt: \_\_\_\_\_ Ht: \_\_\_\_\_

Emergency Contact Person/Phone#: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Ordering Physician: \_\_\_\_\_

Indication: \_\_\_\_\_ CPT: \_\_\_\_\_ ICD-9: \_\_\_\_\_ Insurance: \_\_\_\_\_

Reason For Exam: \_\_\_\_\_

**MEDICAL HISTORY** Is there any chance of pregnancy? \_\_\_\_\_ Date of last menstrual cycle: \_\_\_\_\_

	YES	NO	Diagnosis Studies: (When/Where)
Diabetes?	_____	_____	_____
Chemotherapy?	_____	_____	_____
Radiation Tx?	_____	_____	<b>Biopsy / Pathology Reports: (When/Where)</b>
Surgery?	_____	_____	
Other Information:	_____	_____	_____

**Previous Surgeries:** \_\_\_\_\_

**Recent Illnesses:** \_\_\_\_\_

**ALLERGIES?** \_\_\_\_\_

**Medications** (Last taken): \_\_\_\_\_

**For Office Use Only**

**Radiopharmaceutical Administration:**

\_\_\_\_\_ Blood Sugar result  
 \_\_\_\_\_ mCi of FDG-18 was Intravenously  
 \_\_\_\_\_ Injection Site  
 \_\_\_\_\_ Time of Administration  
 \_\_\_\_\_ Time of Scan

	Date/Time Initials
Patient Identified	
Order verified	
Procedure Explained	
Last PO Intake:	
IV: Gauge- Site-	
Unsuccessful IV attempts:	
IV discontinued site benign, cath tip intact	
Discharge Instructions Given	

**Technical Notes:** \_\_\_\_\_  
 \_\_\_\_\_ Initials \_\_\_\_\_

**Physician Notes:** \_\_\_\_\_  
 \_\_\_\_\_ Initials \_\_\_\_\_