

PET/CT Questionnaire

Date of exam: _____

If you have other scans not done in a Quebec hospital bring reports and CDs to your appointment, we do not have them.

Answer all the questions. Do not write "see file." Use the space at the bottom to provide as much detail as possible.

Height: _____ Weight: _____ Allergies? ☐ No ☐ Yes, specify: _____

Been diagnosed with cancer? ☐ No ☐ Yes, type: _____

Had a biopsy? ☐ No ☐ Yes, body part, date & results: _____

Had surgery? ☐ No ☐ Yes, types & dates: _____

Had injected chemotherapy? ☐ No ☐ Yes, date of last treatment: _____

Had pill-form cancer therapy? ☐ No ☐ Yes, date of last treatment: _____

Had radiation therapy? ☐ No ☐ Yes, body part & date of last treatment: _____

Had hormonal therapy? ☐ No ☐ Yes, date of last treatment: _____

Had bone marrow stimulants? ☐ No ☐ Yes, date of last treatment: _____

Had a colonoscopy? ☐ No ☐ Yes, results & date: _____

Ever smoked? ☐ No ☐ Yes, _____ packs per day for _____ years. Quit date: _____

Check the boxes if any of the following apply. Specify body parts, details and dates as applicable.

☐ Pregnancy (even possibility of) ☐ Date of last menstruation: _____

☐ Currently breastfeeding or nursing ☐ Fractures: _____

☐ Diabetes ☐ Trauma or injuries: _____

☐ Diarrhea ☐ Drains or open wounds: _____

☐ Constipation ☐ Infection or fever: _____

☐ Current cold, flu or sore throat ☐ Artificial joints or implants: _____

☐ Pleurodesis (for recurrent pleural effusions) ☐ Weight loss, specify: _____

☐ Crohn's disease or ulcerative colitis ☐ Pain: _____

☐ Sarcoidosis ☐ Lung disease: _____

☐ Gastric reflux (heartburn) ☐ Kidney or liver disease: _____

☐ Sickle cell disease ☐ Skin disease: _____

☐ Thyroid disease (nodules, hypothyroidism, hyperthyroidism, etc.): _____

☐ Recent injections (Vit. B12, vaccine, etc.): _____

List all **other medical conditions**, your **medications** and use this space to **provide details** to above questions.

DO NOT WRITE BELOW THIS LINE.

Fasting since: _____ Last insulin or metformin: _____ Sarcoid diet since: _____

COVID Vaccine: ☐ No ☐ Yes, date received: _____ #dose : _____ admin. site : _____