

## CT \* MRI \* PET/CT \* BONE SCAN

ADVANCED TECHNOLOGY, UNSURPASSED CONVENIENCE.

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

## **IMAGING QUESTIONNAIRE**

Name:	D.O.B:	HT:	WT:	Sex:	
ef. Physician:Next appointment with doctor:					
Allergies:	lodine/Sho			Shellfish	
Medical History (please mark <u>all</u> that a	pply):				
☐ Cardiac Pacemaker	□IUD		☐ Seizure	Disorder	
☐ Brain aneurysm clips	☐ Heart Disease		☐ Shortness of Breath		
☐ Aortic Clips	☐ High Blood Pressure		☐ Artificial heart valve		
☐ Electrodes	☐ Implanted Device		☐ Stroke		
□ Cancer	☐ Thyroid Disorder		☐ Joint replacement		
☐ Cochlear implants	☐ Kidney/Liver Disease		☐ Family History of Anesthesia Problem		
☐ Asthma	☐ Internal Catheter		☐ Family History of Kidney Disease		
☐ Dentures	☐ Insulin Pump		☐ Metal Mesh		
☐ Arthritis	□ Neurological Disorder		☐ Chemotherapy		
☐ Dialysis	☐ Metal slivers in the eye ☐ Hearing aids				
☐ Radiation Therapy	☐ Colostomy/lled			Open Wounds	
☐ Other/ Location (please list)	CONTROL CONTRO	POLYCO CONTROL POL		•	
Claustrophobic? (Yes / No) Do you have Hx Of Cancer? (Yes/No) Pregnant (Yes/No		,	58 NB		
Are you diabetic? (Yes/No) if Yes, and taking	Metformin, it must be	discontinue for 48	3 hours.		
Have you had anything to eat today? (Yes/N					
Medications (Dose)?	voj vviicii.				
Previous surgeries/studies to the body part	we are scanning?	(Yes / No) If yes,	explain		2 <del></del> :
Briefly describe your symptoms in relation to	n todav's Scan:				
briefly describe your symptoms in relation to					<del></del>
					_
Please mark (X) where the pain is located:					
		Does this pain go			Left
		Arm Leg		ght ght	Left
2/ 2 20/0	1	Other		ght	Left
(front) (back)					

(PLEASE REMOVE ALL JEWELRY!)

Signature: