



**PET
CLINICAL QUESTIONNAIRE**

Name: _____ Date: _____

Allergies _____

1) Why has your doctor sent you for this test? If any, what is your diagnosis?

2) Please describe your complaints/symptoms. _____

3) How long have you had these complaints/symptoms? _____

4) Did these complaints/symptoms come on suddenly or gradually? _____

5) These complaints/symptoms have ____ improved, ____ remained the same, ____ worsened.

6) Have you had any previous surgery? ____ Yes ____ No

(if yes, type: _____)

7) Have you had any prior tests?

MRI Date: _____ Place: _____

CT Date: _____ Place: _____

Ultrasound Date: _____ Place: _____

Nuclear Medicine Date: _____ Place: _____

Other _____ Date: _____ Place: _____

What were the results of these tests? _____

8) Are you or could you be pregnant at this time ____ Yes ____ No

(if yes, please let the technologist or radiologist know before the exam)