



CHEYENNE RADIOLOGY

Name: _____ Date of Birth: _____

Sex: M F Height: _____ Weight: _____ Referring Physician: _____
(400 lb capacity)

Please answer the following questions to the best of your ability, as we need a medical history before we can perform your exam.

- 1. Are you diabetic? Yes No
- 2. If diabetic, do you take insulin or oral medications to control BGL? Yes No
- 3. Is there any possibility you are pregnant? Yes No
- Are you nursing? Yes No

You will not be able to nurse for a minimum of 48 hrs post exam.

Please consult your physician if you answered yes to any of the above questions.

- 4. Have you had any recent imaging studies? (Ex. CT, MRI, PET/CT) Yes No
 What? _____ Where? _____ When? _____
 What? _____ Where? _____ When? _____
 What? _____ Where? _____ When? _____

- 5. Do you have a history of skin cancer (melanoma)? Yes No
- 6. Do you have a history of any other cancer? Yes No
 Specify what type/types & when diagnosed. _____

- 7. Have you had any recent (within the last 6 weeks) surgeries or biopsies: Yes No
 Where on body? _____ When? _____

- 8. Have you had chemotherapy? Yes No
 Where? _____ When? _____

- 9. Have you had radiation therapy? Yes No
 Where? _____ Where on the body? _____ When? _____

- 10. Follow up with physicians regarding the results of this exam if known.
 Who? _____ Fax #? _____ Date? _____ Time? _____
 Who? _____ Fax #? _____ Date? _____ Time? _____

OFFICE USE ONLY

Pt. BGL _____

Inj. Amount/Type _____ Inj. Site _____ Inj. Time _____

Scan Length _____ Scan Time _____