



NUCLEAR MEDICINE
PATIENT HISTORY

For Office Use Only
Place Patient ID label here

Patient name _____ Age _____ Female Male

Exam requested _____ Exam date _____

Reason for exam _____

Y N Any history of cancer? If yes, please explain.

Y N Any previous exams or any related exams? If yes, please explain.

Y N Any surgery or therapy in the past?

Please list all medications you are currently taking _____

Notes (physical exams, findings, etc.): _____

For female patients only: Date of last menstrual period _____

Y N Any possibility of pregnancy?

Y N Are you nursing?

Patient signature: _____ Date: _____

FOR OFFICE USE ONLY

Remarks: _____

Technologist: _____ Date: _____