



PET/CT IMAGING

O F B E R K E L E Y

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AMERICAN COLLEGE OF RADIOLOGY ACCREDITED PET AND CT FACILITY

Returning Patient Questionnaire

Name: _____

Date: _____ Age: _____ Weight: _____

What was the time of your last meal? _____ AM / PM (circle one)

What was the time of your last beverage? _____ AM / PM (circle one)

Date and type of **MOST RECENT** surgeries: _____

Date/s of **MOST RECENT** radiation therapy: _____

Date/s of **MOST RECENT** chemotherapy: _____

Date (month/year) and results of last CT scan: _____

Date (month/year) and results of last PET scan
or other nuclear medicine study: _____