PET BRAIN QUESTIONNAIRE

1. Please check all that apply:
   - Confusion
     - Acute (recently experiencing)
     - Chronic (long term)
   - Memory Loss
     - Acute
     - Chronic
   - History of Seizures
   - Substance Abuse
   - Gait problem (unsteady walking)
   - Motor Difficulties / Inabilities
   - Tremors
   - Gait Disturbances
   - Hallucinations
   - Vasculitis associated w/wo Lupus
   - Headaches
   - Head trauma
   - Stroke / CVA
   - Date of Stroke / CVA _______________________
   - Diabetic
   - Blood glucose _____________
   - Weight ____________________

2. Recent head / neck surgeries
   - None
   - Yes, Date? _______________________

3. Mini mental status exam (MMSE) or similar testing. Score: ________ Date: _______________

   Summary of reports from neuropsychological testing performed: _____________________________
   Structural imaging MRI Date: ________________ CT Date: ________________
   Where performed: _____________________________
   Name of neurological medications: ____________________________
   Previous SPECT or FDG-PET scan for same indication:
     - None
     - Yes, Date? _______________________

Dose Sticker

Patient’s Name (print) ___________________________ Signature ___________________________
Date __________ Time ____________________

Staff Name (print) / Title ___________________________ Signature ___________________________
Date __________ Time ____________________