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