



CEDARS-SINAI®

S. MARK TAPER FOUNDATION
IMAGING CENTER

BONE SCAN QUESTIONNAIRE

PATIENT I.D. _____

1. Please tell us why you are having this study today? *(check all that apply)*

Body Pain Location: _____ Duration: _____

Recent Injury

Arthritis

Cancer Type: _____

Painful or Loose Joint Replacement

Other _____

2. Have you ever had a bone or joint infection? Yes No

3. Do you have osteoporosis? Yes No

4. If this test is being done for cancer:
Have you had radiation therapy? Yes No

Have you had any recent chemotherapy? Yes No

5. Are you pregnant? Yes No

6. Are you nursing? Yes No

Is there any other information you would like us to know related to the reason for your visit today? If yes, specify: _____

Patient's Name (*print*) Signature Date Time

Staff Name / Title Signature Date Time