CEDARS-SINAL S. MARK TAPER FOUNDATION IMAGING CENTER NEUROLITE BRAIN SPECT QUESTIONNAIRE	PATIENT I.D.
 Please check all that apply: Confusion Acute (recently experiencing) Chronic (long term) Memory Loss Acute (recently experiencing) Chronic (long term) Chronic (long term) Chronic (long term) Stroke / CVA Date of Stroke / CVA: 	 Vasculitis associated w/wo Lupus Headaches Head Trauma History of Seizures Substance Abuse Gait Problem (unsteady walking)
 Do you have any tremor? Recent Head / Neck Surgeries Do you have allergies to sulfa drugs? Do you have asthma? Additional Information: 	 Yes No Yes No Yes No Yes No
Patient's Name (print) Signature	
Completed by <i>(print)</i> Relation	Signature Date Time

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CEDARS-SINAI _®			
S. MARK TAPER FOUNDATION IMAGING CENTER			
NEUROLITE BRAIN SPECT			
QUESTIONNAIRE	PATIENT I.D.		
To be completed by CNMT:			
This have to be completed by CNMT			
This box to be completed by CNMT:	(Aff	<i>(Affix label)</i> Neurolite Dose Sticker	
Table height:	Neurolite		
Collimator radius:			
	Diamox		
		Blood Pressure	
		Time	Reading
	Baseline		
(Affix label)	2 min		
	4 min		
Diamox Dose Sticker	Post Admin:		
	5 min post admin.		
	10 min post admin.		
	15 min post admin.		
	20 min post admin.		
	Adenosine		
	Blood Pressure (B.P. take during administration)		
		Time	Reading
(Affix label)	Baseline		
Adenosine Dose Sticker	2 min		
	4 min		
	6 min		
	8 min		
	10 min		