



HIDA SCAN QUESTIONNAIRE

PATIENT I.D.

Name: _____

1. Do you have any pain in your body? Yes No
2. If the answer is yes, then please answer a through d below:
 - a. Is the pain in the abdomen? Yes No
 - b. Is the pain worse after eating? Yes No
 - c. How long have you had the pain? _____
 - d. Describe the pain (sharp, dull, burning, etc) _____
3. Have you had recent nausea or vomiting? Yes No
4. Do you have gallstones? Yes No
5. Have you had your gallbladder surgically removed? Yes No
6. What time did you last eat or drink? _____
7. Are you pregnant? Yes No
8. Are you diabetic? Yes No

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

Name of Technologist (*print*) Signature Date Time

Name of RN (*print*): Signature Date Time

For Technologist's use:

Dose label for isotope

Dose label for CCK

If CCK (Cholecystokinin) was administered, were symptoms reproduced? Yes No

Describe symptoms:

