



CEDARS-SINAI®

S. MARK TAPER FOUNDATION
IMAGING CENTER

PET BRAIN QUESTIONNAIRE

PATIENT I.D. _____

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