

Questionnaire

*For females undergoing nuclear medicine imaging procedure

Patients Name (Please print) _____ DOB _____

1. Are you (check appropriate response)

Post-menopausal

Pre-menopausal, surgically sterile (e.g. hysterectomy, tubal ligation)

Pre-menopausal, not surgically sterile. If so, is there a possibility you're pregnant? Yes No

2. When was the first date of your most recent menstrual cycle? _____

3. Have you had a mastectomy? Yes No

Right

Left

Implant

Prosthesis

4. Are you currently breast-feeding? Yes No

5. Height _____ Weight _____ Bra Size _____

Patient's Signature _____ Date _____