Nuklearmedizin im Prinzenpark
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Nuclear Medicine Patient History

General information before a nuclear medicine examination

Last name		**First name**	
Date of birth		**Phone**	
Email			

Please complete all sections
Answer every question as accurately as possible. If anything is unclear, our practice team will be happy to assist you.

About the examination

Nuclear medicine uses radioactively labelled substances to assess the size, position and function of organs. The required substance is injected into a vein in your arm and reaches the organ being examined through the bloodstream.

The required uptake time is part of the examination and can usually be used freely. The substances are short-lived; drinking plenty of fluids after the examination supports their natural elimination.

Medical information

Do you have a known infectious disease?	☐	Yes	☐	No

If yes, please specify:

Do you have any allergies?	☐	Yes	☐	No

If yes, please specify:

Do you have urinary or faecal incontinence?	☐	Yes	☐	No
Have you previously had a nuclear medicine examination?	☐	Yes	☐	No

If yes, which examination and when?

Could you be pregnant?	☐	Yes	☐	No
Are you currently planning a pregnancy?	☐	Yes	☐	No
Are you currently breastfeeding?	☐	Yes	☐	No
Are you taking any medication?	☐	Yes	☐	No

If yes, please list the medication:

Weight: ☐ kg

Nuclear Medicine Patient History

Symptoms and previous examinations

Please describe your symptoms and the reason for your referral.

Have you had any previous radiological or nuclear medicine examinations? If yes, which examinations and when?

What results of these examinations are known to you?

Have your symptoms changed recently?	☐	Yes	☐	No

If yes, how have they changed?

Could you be pregnant?	☐	Yes	☐	No

Medical review

A physician will review this questionnaire before the examination. If clarification is required, we will speak with you briefly beforehand.

Date

Patient signature

Physician signature