

Nuclear Medicine Technologist Worksheet

St Vincents Riverside Southside Clay St Johns Imaging Center

Patient Name: _____

MMI: _____

Age: _____

Exam Type: _____

Indication/Symptoms: _____

Pertinent PMH/PSH/Cancer: _____

Pregnancy Screen: Neg Pos Post Meno Hyst / Tubal Not Sexually Active w/ Male Male Pt

LMP: _____ I, the above listed patient, attest that I am not potentially pregnant: _____

If patient is currently breastfeeding, was handout given to her? Yes No

Other Screen:

For Thyroids: Thy Meds Thy Enlargement Thy Nodule Surgery/Biopsy Radioiodine Fam Hx Thy Ca
For HIDAs/Livers: EtOH Use None Mild Moderate Heavy Social

Pertinent Labs: GFR _____ WBC _____ Glucose _____ D Dimer _____ TSH _____
ALT _____ AST _____ Alk Phos _____ Bilirubin _____ Tech: _____

Radioisotope 1:

Assayed Dose: _____ Time: _____

Administered Dose _____ Time: _____

Radioisotope 2:

Assayed Dose: _____ Time: _____

Administered Dose _____ Time: _____

Time at Imaging: _____

Injection Site: _____

Tech: _____

Meal / CCK mcg @ mins Right upper quadrant pain during fatty meal / CCK admin? No Yes

Lasix mg @ mins Captopril mg @ mins

Tech Obtaining History: _____

Tech Performing Scan: _____

Tech Verification: Standard Protocol Y N Patient ID Y N Procedure Y N Positioning Y N