

# PET scan follow-up questionnaire<sup>1</sup>

## 1. Patient information

Patient name: \_\_\_\_\_ ID: \_\_\_\_\_

Date of PET: \_\_\_\_\_ Type of cancer: \_\_\_\_\_

## 2. Pre-PET Evaluation

**A. How would you have managed the patient without knowledge of the PET findings? (check only one)**

Medical treatment  Surgical treatment  Radiation treatment

**B. Why was a whole body PET scan ordered? (check only one)**

More accurate staging of disease  More accurate diagnosis (benign malignant)

Monitoring therapy  Monitoring course of disease

## 3. PET Evaluation

**A. The PET study resulted in (check only one)**

Up-staging  Down-staging  No change in stage

**B. The PET study resulted in the following management changes: (check only one)**

No change

From surgery

medical treatment  radiation  no treatment

From medical treatment to

Surgery  radiation  no treatment

From radiation to

medical treatment  surgery  no treatment

From no treatment to

medical treatment  surgery  radiation

Change in

medical approach  surgical approach  radiation approach

## 4. Adverse reaction reporting

**Did your patient report any adverse side effects from the PET scan?** Yes  No

If yes, please describe:

## 5. Referring physician information

Referring physician: \_\_\_\_\_ Type of practice: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**6. Please return this form in the provided self-addressed stamped envelope to:**

CareImaging  
246 Matheson Blvd E,  
Mississauga, Ontario, L4Z 1X1

<sup>1</sup> Based on: Meta J, Seltzer M, Schiepers C *et al* 2001 Impact of 18F-FDG PET on managing patients with colorectal cancer: the referring physician's perspective *J Nucl Med* **42** 586-590