



# Radioiodine (I-131) Therapy Patient Questionnaire

Laguna Woods, California

Study Date: \_\_\_\_\_

Patient MRN: \_\_\_\_\_

## Patient Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender:  Male  Female

What is the last time you had something to eat? \_\_\_\_\_

Are you diabetic?  No  Yes If so: On Insulin? \_\_\_\_\_ On Oral Diabetic Meds? \_\_\_\_\_

Are you pregnant or possibly pregnant?  No  Yes If so, please inform the staff & technologist immediately!

## History

Have you been diagnosed with thyroid cancer?  No  Yes When: \_\_\_\_\_

Have you been diagnosed with hyperthyroidism?  No  Yes When: \_\_\_\_\_

Do you have a **family history** of thyroid disease?  No  Yes Explain: \_\_\_\_\_

Have you **ever** had:

Thyroid surgery?  No  Yes When: \_\_\_\_\_

Prior I-131 Therapy?  No  Yes When: \_\_\_\_\_

Treatment with thyroid medications?  
(e.g. Synthroid, Cytomel, Tapazole, PTU)  No  Yes When: \_\_\_\_\_

Have you recently (within past 4 months) had:

CT scan with contrast?  No  Yes Details: \_\_\_\_\_

Other radiology studies with contrast?  No  Yes Details: \_\_\_\_\_

Nuclear Medicine studies?  No  Yes Details: \_\_\_\_\_

Have you fasted for 2 hours prior to today's visit?  No  Yes

Is there **ANY** possibility that you could be **PREGNANT**?  No  Yes

Are you currently breastfeeding?  No  Yes

## Prior Tests

Type:	What Body Part?	When?	Where?
X-Ray			
MRI Scan			
CT Scan			
Ultrasound			
Nuclear Medicine			
PET or PET/CT			
Other: _____			