Bone scan questionnaire

Patient name:

- If you are (or could be) pregnant or if you are breastfeeding, please let the nuclear medicine department know.
- If you're hard to draw blood from/start an IV on, please let the nuclear medicine department know.

1	Do you have any pain at the moment?	yes / no
1a	If yes, where is this pain and how did it come about? …	
1b	Could you rate your pain on a scale of 0-10?	1-2-3-4-5-6-7-8-9-10
2	Have you recently had a knock or have you had a fall in the last year?	yes / no
2a	If yes, what did you knock or which part of the body was injured? …	
3	Have you broken a bone or suffered a joint injury in the past?	yes / no
3a	If yes, when and which bone/joint? …	
4	Have you had surgery in the past?	yes / no
4a	If yes, for what, and when? …	
5	Have you had a joint replacement?	yes / no
5a	If yes, which joint has been replaced? …	
5b	If yes, when was this replaced? …	
6	Have you recently had a bone marrow biopsy?	yes / no
7	Do you have (or have you had) cancer?	yes / no
7a	If so, what type of cancer, and when? …	
7b	Have you had radiotherapy before?	yes / no
7c	If yes, on which part of your body and when? …	

7d	Have you had chemotherapy/immunotherapy before?	yes / no
8	Do you have a pacemaker or ICD/defibrillator?	yes / no
9	Do you have a kidney condition, stoma and/or catheter bag?	yes / no
10	Have you recently undergone extensive dental treatment?	
11	Have you ever had a bone scan before?	yes / no
11a	If yes, at which hospital, and when? …	