



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

BONE SCAN

Private & Confidential

Quick Questionnaire

PATIENT ID STICKER

Height: _____ cm

Weight: _____ kg

Prior Assessment Checks (Precautions and Contra Indications):

1. Do you have any known allergies? Y N Please list them: _____

2. Are you diabetic? Y N If yes, which type? _____

3. Please let us know if you have any current bone pain.

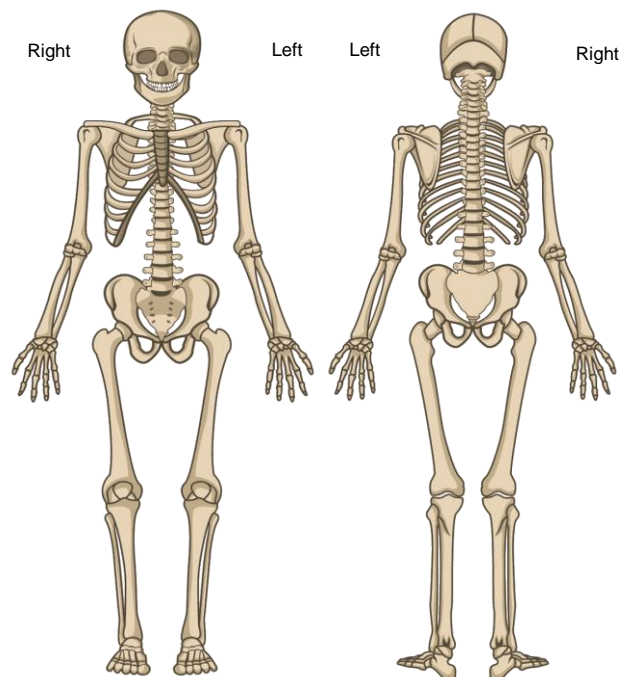
Please identify the site(s) of pain on the skeleton on the right, using a **O** over the region(s).

4. Please, let us know if you have broken any bones. Please

identify the site(s) of pain on the skeleton on the right, using a **X** over the region(s).

O - Sites of pain

X – Sites of injury/broken bones



5. Is this pain related to any recent injury? Y N **If yes**, how long ago? _____

6. Are you undergoing any treatment? Y N **If yes**, what? _____

7. Have you had radiation therapy? Y N **If yes**, where? _____

8. Have you had any recent chemotherapy? Y N **If yes**, when? _____

9. Have you ever been diagnosed with osteoporosis? Y N Don't know

This questionnaire is only used to complement the report of your scan, for follow-ups and treatment.

10. Have you undergone any surgery? Y N **If yes**: When? _____

Where in your body? _____

11. Have you undergone any joint replacements? Y N **If yes**, where in your body? _____
Date and side? _____
Date and side? _____

12. Is there any other information you would like us to know related to the reason for your visit?

If yes, please specify:

13. Do you have any other information that might be relevant for your assessment/management during your visit by the Nuclear Medicine team (e.g. hearing impairment, claustrophobia, etc)?

If yes, please specify:

14. Are you incontinent of urine? Y N

15. Are you on dialysis? Y N

If yes to 14 or 15, please contact the department prior to your appointment.

For women only:

16. Is there any possibility of pregnancy? Y N

If No: When was the first day of your last menstrual period? _____

Are you on any contraceptive medication? _____

Are you on the menopause / in the peri-menopause period? _____

Others: _____

17. Are you breastfeeding? Y N

(This Section is For Staff Use)

Reasons for Bone Scintigraphy:

Painful or Loose Joint Replacement Cancer _____ Bone Pain Paget's Disease

Reflex Sympathetic Dystrophy Fracture/Recent Injury Arthritis Other

Blood tests in the last 3 months (results if available):

PSA _____ CA 125 _____ PTH _____ Calcium _____ Other _____

ESR _____ CEA _____ ALP _____ CRP _____

Any previous imaging scans in the last 3 months? Y N

CT _____ MRI _____ X-Ray _____

Location: _____ Location: _____ Location: _____

Date: _____ Date: _____ Date: _____

Is there a previous bone scan? Y N If yes, when? _____