

**IMAGECARE  
NUCLEAR MEDICINE  
BONE SCAN HISTORY**

PATIENT NAME: \_\_\_\_\_

MRN: \_\_\_\_\_ DOB: \_\_\_\_\_

ORDERING MD: \_\_\_\_\_

DATE: \_\_\_\_\_

**Are you having any pain?**

Yes  No

- If yes, where in your body?

**Have you ever broken any bones?**

Yes  No

- If yes, what bones and when?

**Have you had any surgery?**

Yes  No

- If yes, what type of surgery?

**Do you have arthritis?**

Yes  No

- If yes, what joints are involved?

**Have you ever had, or are you currently being treated for cancer?**

Yes  No

- If yes, what type of cancer?

**Have you ever had radiation treatments?**

Yes  No

- If yes, to what area of the body?

**Do you have any joint replacements, implants, pacemaker or porta-cath?**

Yes  No

- If yes, where?