

THIS FORM IS REQUIRED PRIOR TO SCHEDULING PATIENTS FOR RADIOIODINE THERAPY

If the referring physician is unable to complete this form, a consultation in the Nuclear Medicine Department can be arranged prior to radioiodine therapy.

Patient Checklist for 131-Iodine Treatment

Name _____ DOB _____ Date _____
UAB MRN _____ Male _____ Female _____ Occupation _____
Female status: Hysterectomy _____ Tubal _____ Post-Menopause _____ LMP _____
Breast feeding _____ stat hCG _____ date _____

Person interviewed: Patient _____ Spouse _____ Parent _____ Guardian _____ Other _____
Type of dwelling: House _____ Apartment _____ Dormitory _____ Other _____

Household members:

Relation _____	Age _____
Relation _____	Age _____
Relation _____	Age _____
Relation _____	Age _____
Relation _____	Age _____

1. Can the patient be isolated for several days? Yes _____ No _____
(stay at least three feet from others)
2. Is the patient free of any serious medical problem? Yes _____ No _____
3. If the patient has small children is there someone there to help with the children? Yes _____ No _____
4. Does the patient understand the importance of isolation? Yes _____ No _____
5. Is the patient continent of urine? Yes _____ No _____
6. Is the patient capable of self-care? Yes _____ No _____
7. Can the patient delay returning to work?
8. Does the patient have regular visitors to the house? Yes _____ No _____
9. Mode of transportation home after the treatment?
Car _____ Plane _____ Train _____ How long is the trip? _____ With whom? _____
10. Independently protect others from their saliva and urine? Yes _____ No _____

Information discussed with the patient before treatment

- Purpose of radioactive iodine treatment
 - Radiation safety precautions with saliva and urine, sweat or emesis
 - Personal hygiene
 - Limiting contact with other individuals-time and distance.
 - Eating and sleeping arrangements
 - Precautions for children and pregnant women
 - Fluid intake, sour balls/candy, no chewing gum
 - Low-iodine diet
 - Prevention of pregnancy for 6 months
 - Other _____
- PATIENT INSTRUCTED TO REMAIN FASTING 4 HOURS PRIOR TO THE TREATMENT AND ONE HOUR AFTER TREATMENT

Treating Physician or Designee

Date