131I Therapy: Questionnaire to Determine Eligibility for Home Discharge

1. Person interviewed: □ Patient  □ Spouse  □ Parent  □ Other

2. Type of dwelling: □ House  □ Apartment  □ Dormitory  □ Other

3. Will the patient have their own bathroom?  Y  N

4. Will the patient have their own bedroom?  Y  N

5. Are there any children in the home?  Y  N
   How old?  _______________

6. Can they stay at another location?  Y  N

7. Is the patient pregnant?  Y  N

8. Are there any pregnant women in the home?  Y  N

9. Does the patient have regular visitors to the house?  Y  N

10. Is the patient capable of self-care?  Y  N

11. Will someone drive the patient to the therapy appointment?  Y  N
    What type of car will be used?  _______________
    We recommend that the patient sit in the furthest seat from the driver

Patient to be treated as:  OP  IP

Screened by:  ___________________________