CORONARY CT SCAN
PATIENT INFORMATION

Patient Name: ______________________ Date: ______________

Date of birth: ______________ Age: ______________

Height: ______________ Weight: ______________

Please answer the following questions:

Question	Yes	No
1. Personal history of Hypertension?	☐ Yes	☐ No
2. Family history of Hypertension?	☐ Yes	☐ No
3. Personal history of diabetes?	☐ Yes	☐ No
4. Family history of diabetes?	☐ Yes	☐ No
5. Smoker	☐ Yes	☐ No Ex-Smoker Number of years: ___
6. Personal history of high cholesterol?	☐ Yes	☐ No
7. History of Chest pain?	☐ Yes Number of years: _____	☐ No
7a. Typical Angina	☐ Yes	☐ No
7b. Atypical Angina	☐ Yes	☐ No
8. Personal history of known coronary disease?	☐ Yes	☐ No
9. History of heart surgery? (Bypass, stents, pacemakers..)	☐ Yes	☐ No
10. Family history of known coronary disease?	☐ Yes	☐ No
11. Stress test performed? If YES, Equivocal, Abnormal or Normal	☐ Yes	☐ No
12. For Women: Menopausal	☐ Yes	☐ No
HRT	☐ Yes	☐ No

Patient Signature: ______________________ Date: ______________

Technologist Notes: ____

Technologist's initials: __________