

**Questionnaire  
for Lung, Abdomen,  
Pelvis & Colon Scans**



ID NO. \_\_\_\_\_

Name: \_\_\_\_\_ Appointment Date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Previous Scan?  Yes  No Date: \_\_\_\_\_ How did you hear about Heartscan? \_\_\_\_\_

**IF YOU WERE NOT REFERRED BY YOUR PHYSICIAN, DO YOU WANT YOUR REPORT TO GO TO YOUR PHYSICIAN?**  Yes  No

Physician Name: \_\_\_\_\_ Did your Physician refer you?  Yes  No

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physician Phone No.: \_\_\_\_\_ Physician E-Mail: \_\_\_\_\_

**PATIENT HISTORY – PLEASE CHECK ALL THAT APPLY**

- Yes  No **Shortness of Breath**
- Yes  No **Chest Pain**
- Yes  No **Asthma**
- Yes  No **High Blood Pressure Medication?** \_\_\_\_\_
- Yes  No **High Cholesterol Medication?** \_\_\_\_\_
- Yes  No **Myocardial Infarction**
- Yes  No **Coughing Up Blood**
- Yes  No **Diabetes** Insulin?  YES  NO Other \_\_\_\_\_
- Yes  No **Abdominal/Pelvic Pain**
- Yes  No **Hysterectomy**
- Yes  No **Weight Gain Over Past Year**
- Yes  No **Rectal Bleeding**
- Yes  No **Blood in the Urine**
- Yes  No **Constipation**
- Yes  No **PSA Test:** Results \_\_\_\_\_
- Yes  No **Vascular Disease?** Explain \_\_\_\_\_
- Yes  No **Lung Surgery?** Explain \_\_\_\_\_
- Yes  No **Abdominal Surgery?** Explain \_\_\_\_\_

- Tabacco Use?**  Never  
 Current Smoker \_\_\_\_\_ Packs/Day  
 Ex-Smoker, Quit \_\_\_\_\_ Years Ago

- Alcohol Use:**  Occasionally  Daily  
 Drinks per week \_\_\_\_\_

List any medications: \_\_\_\_\_

Other medical history: \_\_\_\_\_

List ANY surgery that you have had: \_\_\_\_\_

**FAMILY HISTORY**

DISEASE	AT WHAT AGE	SELF	MOTHER	FATHER	SISTER	BROTHER
Lung Cancer						
Colon Cancer						
Osteoporosis						
Diabetes						
Hypertension						

**SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_

**TECHNOLOGISTS USE ONLY**

Reading MD: \_\_\_\_\_ No. of Copies: \_\_\_\_\_ No. of Lung Images: \_\_\_\_\_  
 Images Sent: \_\_\_\_\_ Report Mailed: \_\_\_\_\_ No. of Body Images: \_\_\_\_\_  
 CD:  Yes  No Complete \_\_\_\_\_ Supine Images: \_\_\_\_\_ Prone Images: \_\_\_\_\_

## **DISCLAIMERS FOR EBCT OF THE CHEST ABDOMEN AND PELVIS SCANS:**

### **CHEST SCAN:**

The primary objective of a lung screening procedure utilizing Electron Beam Computed Tomography (EBCT) is to detect lung abnormalities including cancer early, when the likelihood for curative treatment is greater. The procedure exposes the patient to a very low dose of x-ray radiation that is equivalent to that of an abdominal x-ray. The majority of pulmonary nodules detected by EBCT are ultimately shown to be benign. However, positive studies will require follow up evaluation. Screening EBCT scans of the chest performed without contrast are limited in their ability to detect certain abnormalities and should not be performed for the evaluation of clinical symptoms unless recommended by and performed under the supervision of a physician. HeartScan requires that all patients provide the name of a doctor who will be notified when significant abnormalities are identified. We recommend that patients bring reports of all medical tests to the attention of their personal physician.

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PATIENT SIGNATURE

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DATE

### **ABDOMEN AND PELVIS SCAN:**

The primary objective of the abdomen and pelvis screening procedure utilizing Electron Beam Computed Tomography (EBCT) is to detect abnormalities, including cancer, of the abdominal and pelvic organs early when the likelihood for curative treatment is greater. The procedure exposes the patient to a very low dose of x-ray radiation that is equivalent to that of two abdominal x-rays. Certain abnormalities, particularly those of the liver, kidneys and pancreas may be difficult to detect without injecting contrast agents. In addition, gross abnormalities of the uterus and ovaries will be identified utilizing EBCT but ultrasound is the recommended modality for a clinical diagnosis. Detected abnormalities may require additional testing and ultimately be shown to be normal variants or benign findings. A noncontrast CT scan should not be performed for the evaluation of clinical symptoms unless recommended and performed under the supervision of a physician. HeartScan requires that all patients provide the name of a doctor who will be notified when significant abnormalities are identified. We recommend that patients bring reports of all medical tests to the attention of their personal physician.

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PATIENT SIGNATURE

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DATE