Heart Questionnaire

HEARTSCAN®

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 **Diabetes** Insulin? ☐ YES ☐ NO
☐ Yes ☐ No **High Blood Pressure:** Level _____
☐ Yes ☐ No **HBP Medication**? _____
☐ Yes ☐ No **High Cholesterol:** Level _____
☐ Yes ☐ No **HC Medication**? _____
☐ Yes ☐ No **Chest Pain/Tightness/Palpitations**
☐ Yes ☐ No **Shortness of Breath/Asthma**
☐ Yes ☐ No **EKG:** Date _____
☐ Yes ☐ No **Stress Treadmill:** Date _____
☐ Yes ☐ No **Thallium Stress Test:** Date _____
☐ Yes ☐ No **Stress Echocardiogram:** Date _____
☐ Yes ☐ No **Angiogram:** Date _____

Tobacco Use? ☐ Never ☐ Current Smoker _____ Packs/Day
☐ Ex-Smoker, Quit _____ Years Ago

Exercise Frequency: Check times of week you exercise
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

Check the duration per exercise intervals (minutes)
☐ 0 ☐ 15 min ☐ 30 min ☐ 45 min ☐ 60 min ☐ 90 min

List any heart medications: _____

_____

Have you ever had a stent placement? ☐ Yes ☐ No

Which vessel? _____

FAMILY HISTORY

DISEASE	SELF	MOTHER	FATHER	SISTER	BROTHER	GRANDPARENT
Heart Attack (Age)						
Bypass Surgery						
Angioplasty						
Diabetes						
Hypertension						
Stroke						

SIGNATURE: _____ Date: _____

TECHNOLOGISTS USE ONLY

Reading MD: _____ R–R: _____ Prior Total Score: _____
Scored: _____ Score: _____ LM: _____
Images Sent: _____ Aortic Calcification: _____ LAD: _____
No. of Copies _____ Prior Scan Date: _____ LCX: _____
Report Mailed: _____ CD: ☐ Yes ☐ No Complete _____ RCA: _____