Princeton Radiology
Excellence in Imaging

CORONARY CT SCAN
PATIENT INFORMATION

Patient Name: _____ Date: _____

Date of birth: _____ Age: _____

Height: _____ Weight: _____

Please answer the following questions:

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# of years:
6. Personal history of high cholesterol?	☐ Yes	☐ No
7. History of Chest pain? 7a. Typical Angina 7b. Atypical Angina	☐ Yes Number of years: _____ ☐ Yes ☐ Yes	☐ No ☐ No ☐ 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. Have you had a previous CT (any type) or cardiac nuclear medicine (myocardial perfusion) study in the past 12 months? If YES, what/how many	☐ YES	☐ NO
13. For Women: Menopausal HRT	☐ Yes ☐ Yes	☐ No ☐ No

Patient Signature: _____ Date: _____

Technologist Notes: _____

_____

Technologist's initials: _____