



CARDIAC CALCIUM SCORING



Patient Id# _____

Name: _____

AGE: _____ Height: _____

DOB: _____ Weight: _____

Sex: Male Female

Ethnicity: _____

Cholesterol: _____ LDL _____ HDL _____

Blood Pressure: _____

Heart Rate: _____

Triglycerides: _____

Diabetic: Yes No

Smoking History: Non Smoker Prior Smoker _____ Quit _____ Current Smoker

Packs: _____ Years _____

Medications:

Personal Cardiac History:

Previous Cardiac Calcium Scores: _____ None

Family Cardiac History:

Patient should not smoke or consume any products with caffeine for 4 hours prior to the exam. Patient can take all medications except erectile dysfunction medicines. Patient can drink water but cannot eat for 4 hours prior to exam.

Dec 15, 2016