REAGAN DIAGNOSTICS

2878 Five Forks Trickum Rd, Suite 1A, Lawrenceville, GA 30044

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CARDIAC VCT PRESCREENING ASSESSMENT

Patient Name: _____ DOB: _____ **Date:**_____

Height: _____Weight: _____ Telephone Number: _____

(Cannot exceed 500lbs)

DX/Reason for test: _____ MD ordering test:_____

History of:

Contrast Allergy	□ Y □ N	Sickle Cell	□ Y □ N
Coronary Bypass Surgery	□ Y □ N	Stroke	□ Y □ N
Carotid Endarterectomy	□ Y □ N	Smoking	□ Y □ N
Chronic PVC's/PAC's	□ Y □ N	Hypertension	□ Y □ N
Cardiac Stents	□ Y □ N	Family History of Heart Disease	□ Y □ N
Cancer	□ Y □ N	Currently on Chemotherapy	□ Y □ N
Heart Catheterization	□ Y □ N, When _____	Where _____	

Can you lie flat for 10 minutes with your arms over your head □ Y □ N

Have you been told that you have/are:

Asthma or COPD	□ Y □ N	Kidney or renal disease	□ Y □ N
Atrial Fib	□ Y □ N	Diabetes	□ Y □ N
Irregular Heart Rate	□ Y □ N	Currently Pregnant	□ Y □ N

If yes to any of the above, call a Physician for follow-up. Contraindications to exam include: Atrial Fib, pregnancy, severe renal disease, severe asthma or COPD

Contraindications to beta blockers:

- Medically managed asthmatic
- History of COPD
- Bronchospasm
- Allergy to beta blockers
- 2nd or 3rd degree heart block without pacemaker
- Acute decompensated heart failure
- Systolic BP<90
- Intolerance by history

Current Medications: _____

Medication Allergies: _____

Creatinine result: _____ **Date** _____ **BP:** _____ **HR**: _____

If creatinine >1.6 contact Physician for orders. If not done within past 30 days, Obtain creatinine if:

- >60 years of age
- Patient has received contrast within last 30 days
- Patient has a history of renal disease
- Patient is a diabetic

MEDS:	Instructions	Yes	No	N/A
Metoprolol Tartrate	50mg morning of and 50mg 1 hour before test. Hold if HR<60 or currently on a beta blocker			

Remind Patient:

- No caffeine 12 hours prior to scan (coffee, tea, cola, chocolate).
- Clear liquid diet 4-8 hours prior to scan.
- If they take Viagra, Cialis or Levitra avoid this medication for 48 hours prior to scan.
- Take daily medications as ordered by their physician.
- Do not take Glucophage, Glucophage XR, Metaglip, Avandamet, Metformin, or Glucovance on the day of the VCT.
- Do not use tobacco products 6 hours prior to the scan.

Patients signature below indicates receipt of a copy of this document, that explanation of follow-up instructions has been provided, and that those instructions are understood.

Patient Signature: _____ Date: _____

Interviewer signature and title: _____