

REAGAN DIAGNOSTICS

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





HEART SCAN (CARDIAC SCORE) QUESTIONNAIRE

Patient Na	me:		Sex:	□ Male	□ Female
Date of birth: Mobile phone: _			one:		
Email addr	ess:				
Age:	Height:	Weight:	Physician's Name:		
DX/Reasor	n for test:				
Are you o	n medication for ch	olesterol	Yes		No
Are you o	n medication for blo	ood pressure	Yes		No
Are you d	iabetic		Yes		No
Are you a	smoker?		Yes		No
Packs per	day?	How long?			
Former Sr	moker?		☐ Yes		No
Packs per	day?	How long?			
Cardiac History (any chest pain, etc)			Yes		No
Family ca	rdiac history		Yes		No
Previous	calcium score		Yes		No
Any history of cancer in your body			Yes		No
Any surge	eries on your chest a	area	Yes		No
EKG leads put throug the images	to your chest and y gh a special comput s and produce a det	will have you hold your ter program to obtain r ailed report which will b	are no injections or contrast u breath for about 10-12 secor esults and a board-certified R be mailed to you. Please follow In the CT department please o	nds. Your s adiologist w-up with	can will be will review your physi-
Technologist Signature			Date		