



REAGAN DIAGNOSTICS

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

Direct Line: 678-221-8000 Direct Fax Orders: 678-387-2300



HEART SCAN (CARDIAC SCORE) QUESTIONNAIRE

Patient Name: _____ Sex: Male Female

Date of birth: _____ Mobile phone: _____

Email address: _____

Age: _____ Height: _____ Weight: _____ Physician's Name: _____

DX/Reason for test: _____

Are you on medication for cholesterol Yes No

Are you on medication for blood pressure Yes No

Are you diabetic Yes No

Are you a smoker? Yes No

Packs per day? _____ How long? _____

Former Smoker? Yes No

Packs per day? _____ How long? _____

Cardiac History (any chest pain, etc) Yes No

Family cardiac history Yes No

Previous calcium score Yes No

Any history of cancer in your body Yes No

Any surgeries on your chest area Yes No

Your heart score will take just a few minutes. There are no injections or contrast used. We will attach 3 EKG leads to your chest and will have you hold your breath for about 10-12 seconds. Your scan will be put through a special computer program to obtain results and a board-certified Radiologist will review the images and produce a detailed report which will be mailed to you. Please follow-up with your physician to review the final results. If you need to reach the CT department please call us at the number above.

Technologist Signature

Date