MWHC Health Scan™ Medical Imaging of Fredericksburg

HEART SCAN
PATIENT MEDICAL INFORMATION FORM

Patient Name: _____

D.O.B. _____/_____/_____

Home Address: _____

_____

Home Telephone: ( ) _____ Alternate Telephone: ( ) _____

Primary Care Physician (Full Name): _____

Ordering Physician (if different): _____

How did you find out about this scan (circle answer): Physician, Internet, Newspaper, Friend?

Other _____

Primary reason for having scan: _____

Risk Factors:

Family history of heart disease	Yes___ No___
<u>Personal history of:</u>	
High Blood Pressure	Yes___ No___
History of Smoking	Yes___ No___
Diabetes	Yes___ No___
High Cholesterol	Yes___ No___

Medical History:

1. List any current or serious illnesses, such as cancer, stroke, heart attack, liver or kidney disease, diabetes or hypertension?

   _____

   _____

2. Are you under the care of a physician for any disease? If yes, please specify.

   _____

3. What medications or vitamins do you take?

_____

_____

4. Are you on a special diet? If yes, please specify.

_____

5. Do you have any allergies? If yes, please specify. _____

6. Do you have an exercise routine? If so, please describe.

_____

7. Please list any previous surgery or hospitalization. _____

8. List any family history of coronary artery disease, diabetes, stroke or cancer? If so, please list relationship.

_____

_____

9. If you have recently had your cholesterol tested, please indicate the following:

HDL _____ LDL_____ If you are unsure, please indicate where you had your cholesterol tested in the space below.

Facility name _____

You should understand this exam is not a substitute for a physical examination by your physician. It does not screen for breast, prostate, or colon cancer, nor is it intended to provide information other than the predictability of heart disease. Depending upon the results of your scan, other imaging tests or procedures may be recommended to you by your primary care doctor.

Please list any questions or concerns you may have in the space below, so we may answer them during the consultation:

_____

Signature: _____ Date: _____