Princeton Radiology
Excellence in Imaging

CORONARY CT SCAN
PATIENT INFORMATION

Patient Name: ______________________________ Exam Date: _____________

Date of birth: ____________ Age: ______________

Height: ________________ Weight: ____________

Please answer the following questions:

Question	Yes	No
1. Personal history of Hypertension?	☐ Yes	☐ No
2. Family history of Hypertension?	☐ Yes	☐ No
3. Personal history of diabetes?	☐ Yes	☐ No
4. Family history of diabetes?	☐ Yes	☐ No
5. Are you a smoker?	☐ Yes	☐ No Ex-Smoker Number of years:_____
6. Personal history of high cholesterol?	☐ Yes	☐ No
7. History of Chest pain? 7a. Typical Angina 7b. Atypical Angina	☐ Yes Number of years: ____ ☐ Yes ☐ Yes	☐ No ☐ No ☐ No
8. Personal history of known coronary disease?	☐ Yes	☐ No
9. History of heart surgery? (Bypass, stents, pacemakers)	☐ Yes	☐ No
10. Family history of known coronary disease?	☐ Yes	☐ No
11. Stress test performed? If YES (circle): Equivocal, Abnormal or Normal	☐ Yes	☐ No
12. For Women: Menopausal HRT	 ☐ Yes ☐ Yes	 ☐ No ☐ No

Patient Signature: ______________________________ Date: _____________

Technologist Notes: ____

Technologist's initials: _________