




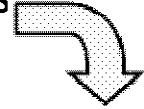
RADIOLOGY
CT CORONARY SCREENING
QUESTIONNAIRE

Revision Date: 3/04/2009

Exam Date: _____
Status: _____
DOB: _____ Age: _____
Name: _____
Ref Phys: _____
Att Phys: _____
Prim Care Phys: _____
Register/Admit Date: _____
(Place Pre-Printed Patient Data Label Here)



In order to have your CT please answer the following questions and any "YES" responses must be reviewed by the Technologist and or Radiologist.



- Have you had a previous CT Coronary Screening..... Yes No
If you answered **yes** then: When _____ Where _____
- Do you have any of the following:

Pacemaker	Yes	No
Stents	Yes	No
Bypass	Yes	No
Angioplasty	Yes	No

As a self referred patient for this exam I understand that the results will be sent to me and it is my responsibility to pass these results on to my medical provider if I choose.

_____ (Initial)

The radiologists and the CT technologists have been trained and certified to use the minimum amount of exposure necessary. I understand that this exam uses a low dose of ionizing radiation.

_____ (Initial)

I authorize the use or disclosure of my health record for my own personal use.

(Patient's signature) (Date)

(Witness signature) (Date)



NAME:

DOB: