Weill Cornell Imaging

NewYork-Presbyterian Weill Cornell Medicine

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Please complete CT General Safety Form in addition to this form

CT: CARDIOVASCULAR FORM

(office use)

Name:		Date:	
Height (in.):		Medical Record # or Date of Birth:	
Weight (lbs.):			

Ethnicity: ☐ Caucasian ☐ African-American ☐ Hispanic ☐ Asian ☐ Other_____

HISTORY

Have you ever had chest discomfort? ◯ Yes ◯ No

If *yes*, please answer the following questions:

- Is it triggered by exertion or emotional stress? ◯ Yes ◯ No
- Is it relieved by rest or nitroglycerin? ◯ Yes ◯ No
- Does it occur when you walk at an ordinary pace on level ground? ◯ Yes ◯ No
- Does it occur when you walk uphill or hurry? ◯ Yes ◯ No

Why are you having this study?

☐ Chest Discomfort ☐ Shortness of Breath ☐ Abnormal Stress Test ☐ Other: _____

Do you have a personal history of the following?

- High blood pressure or medication for blood pressure? ◯ Yes ◯ No
- High cholesterol or medication for high cholesterol? ◯ Yes ◯ No
- Diabetes or medication for diabetes? ◯ Yes ◯ No
- Current smoker? ◯ Yes ◯ Never ◯ Past
- Parents or siblings with heart attacks before age 60? ◯ Yes ◯ No

Have you ever had any of the following?

- Heart attack? ◯ Yes ◯ No
- Congestive Heart Failure? ◯ Yes ◯ No
- Heart bypass surgery? ◯ Yes ◯ No
- Heart balloon angioplasty or stent? ◯ Yes ◯ No
- Pacemaker or defibrillator implant? ◯ Yes ◯ No