

Coronary Calcium Score Test

Patient information	
Name:	Date of birth:
Gender:	Date of assessment:
Medical history	
<div></div>	
Please check risk factors that apply to the patient	
<div><div><input type="checkbox"/> Family history of heart disease</div><div><input type="checkbox"/> Current or past tobacco use</div><div><input type="checkbox"/> High cholesterol</div><div><input type="checkbox"/> Diabetes</div><div><input type="checkbox"/> High blood pressure</div><div><input type="checkbox"/> Overweight (BMI>25)</div><div><input type="checkbox"/> Obesity (BMI>30)</div><div><input type="checkbox"/> Inactive lifestyle</div><div><input type="checkbox"/> Other nontraditional risk factors (please specify):</div></div>	
Preparation for test	
<div><div><div><div></div><div>Remind the patient to avoid consuming food, drinks, and tobacco products for at least four (4) hours before the test.</div></div><div><div></div><div>Remove any metal objects (jewelry, glasses, etc.) from the patient before the test.</div></div><div><div></div><div>Provide a hospital gown to wear to the patient during the procedure.</div></div></div></div>	

Results/findings**Additional notes****Healthcare professional information****Name:****License ID number:****Signature:****Date of assessment:**