

Coronary Calcium Score Test

Patient Information

Name: _____ Date of Birth: _____

Gender: _____ Phone: _____

Address: _____

Medical History

Please check any of the following risk factors that apply to you:

- Family history of heart disease
- Current or past tobacco use
- High cholesterol
- Diabetes
- High blood pressure
- Overweight (BMI > 25)
- Obesity (BMI > 30)
- Inactive lifestyle
- Other nontraditional risk factors (please specify): _____

Preparation

- Please avoid food, drink, caffeine, and tobacco products for at least four hours before the test.
- Remove any metal objects (jewelry, glasses) before the test.
- You will be provided with a hospital gown to wear during the procedure.

Results:

Additional Notes: