Coronary CT Angiography Patient Questionnaire Sheet
(Patients please fill out before coming in and bring with you to your appointment.)

Name: ________________________________________ DOB: ________________________________

Height: ___________ Weight: ___________ Sex: ________ Referring Physician: ____________________

Please check all that apply to you:

_______ Chest pains     _______ Shortness of breath
_______ High blood pressure       _______ Elevated cholesterol
_______ Diabetes               _______ Known heart or vascular disease
_______ Smoking (previous or current) _______ Positive or uncertain exercise stress test
_______ Kidney problems        _______ Asthma or lung disease
_______ Coronary Artery Stent(s): _______ Coronary artery bypass grafts
_______ Current or previous pacemaker _______ Heart Valve Replacement(s)
_______ Other chest surgery     _______ Palpitations
_______ Family history of early (before age 50) heart attack or stroke
_______ Pacemaker or Defibrillator _______ Sedentary Lifestyle
_______ Post Menopausal
_______ Allergy to this/these medication(s) or N/A: ______________________________________

List all medications you are currently taking:

___________________________  ___________________________
___________________________  ___________________________
___________________________  ___________________________
___________________________  ___________________________
___________________________  ___________________________
___________________________  ___________________________

Please indicate if you have had any of the following studies, when & where:

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Exercise stress test</td>
<td></td>
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<tr>
<td>Cardiac echo</td>
<td></td>
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<tr>
<td>Nuclear Medicine heart scan</td>
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<tr>
<td>Cardiac Catheterization</td>
<td></td>
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<tr>
<td>Coronary artery CT</td>
<td></td>
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<tr>
<td>Prior Calcium Score</td>
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</tbody>
</table>
Check in @ : _______________ Patient took Lopressor/Verapamil @ __________

Pre-Procedure prep:
Pulse:_____ /Regular or Irregular BP: R/L Arm:_________ @ __________
If pulse >= 70 AND BP >= 100/70, second dose of Lopressor (50mg) or Verapamil (240mg) P.O.
@_____________ by__________ OR Lopressor (5mg) IV___________ by______________
____EKG lead sticky pads on. 18 Gauge IV in @________________________ by:________________

Imaging Room: @:____________________
____02 2LNC
____EKG leads hooked up
____Injector set/loaded/hooked up
Calcium score complete @:_____________ Score=_______ Pulse=__________
IF score > 1000, check with CCTA physician before proceeding.
End location:___________ cm
Start location:___________ cm
___________ cm max (optimal = 15cm)
Timing injection: 15ml Visipaque 320 @ 5ml/sec followed by 20ml NS @ 5ml/sec
Time to peak = ____________ secs (ROI over left sinus of valsalva)
    x 2=______________ secs
    + 9 secs injection delay
    _____________=scan delay number (minimum 22)
Pre-Scan Lat____________-___________ LOC AP _________ -___________

mA:  450 650 800  Thickness: 0.625mm 1.25mm 120kVp

______Patient receives one dose, 1/150 grain, SL NTG spray. Scan Pulse:______________

Study complete @___________ Reprocess Segment ___________ Reprocess Burst___________

Post procedure work:
IV Out @______________ by___________ Pulse =______________

Supervising CCTA physician: Alla Bauman Block Bowen Klaas Nelsen Yang
CORONARY CT ANGIOGRAPHY SUPPLEMENTAL ORDER

Preliminary information is required for all CCTA patients, in addition to submitting a general imaging request form with provider’s signature. It is important to obtain the following information prior to the patient’s scheduled exam time for protocoling of the study and to verify insurance coverage.

Patient Name:_______________________________________ DOB: _________________

Referring Physician Name:___________________________________________________

**Indication** (please check): The following clinical scenarios represent appropriate referrals for CCTA with contrast injections in patients who can tolerate 75-100 ml of iodinated contrast and beta blockers, and who manifest normal sinus rhythm:

- acute chest pain and intermediate risk factors but normal or borderline ECG’s and cardiac biomarkers, where a negative CCTA will avoid invasive coronary angiography.
- equivocal or discordant or suspected inaccurate stress tests in patients with low/intermediate coronary risk when a negative CCTA will avoid the need for invasive coronary angiography.
- already scheduled for non-coronary cardiac surgery, who are unlikely to have coronary artery disease. These patients must be in sinus rhythm with a slow rate, or be able to tolerate beta blockers.
- suspected/known congenital anomalies of the coronary arteries to assess for surgical suitability.
- planning to undergo atrial fibrillation ablation in whom pulmonary venous and left atrial anatomy is necessary pre-procedure.
- dilated cardiomyopathy, strongly suspected to be non-ischemic and for whom a negative study will avoid cardiac catheterization. These patients must be on beta blockers and be able to tolerate incremental dosing.
- delineation of suspected intracardiac mass/thrombus where echocardiographic assessment has been inconclusive.
- other niche requests such as delineation of coronary bypass grafts, pericardial abnormalities, intracardiac shunts can be approved on a case by case basis.
- screening CCTA (insurance coverage unlikely, payment due day of procedure)

Other Notes and Requests:___________________________________________________________

___________________________________________________________

Please fax this form along with related chart notes to 425.656.5552.