

Newman Street Imaging Center

CARDIAC EVALUATION

Last Name

First Name

Middle Initial

Age

Today's Date

1. What was your chief complaint when you visited your doctor ? _____

2. How long have you had this problem ? _____

3. Have you had surgery to the area being scanned ? Yes No

4. Surgery when ? _____

5. Have you had prior imaging on this area ? Yes No

6. If yes where and when ? _____

7. List prior study results : _____

8. List any medical conditions we should know about : _____

9. List all medications you are currently taking : _____

10. ALTERNATE TELEPHONE # PHYSICIAN CAN REACH YOU AT IF NEEDED:

Home: _____

Work: _____

Cell: _____