



For Office Use Only
Place Patient ID label here

RISK FACTORS

- Y N Diabetes
- Y N Hypertension
- Y N Increased cholesterol
- Y N History of smoking Current Former
- Y N Family history of CAD (Coronary Artery Disease) _____
- Y N Obesity
Height _____ Weight _____ BMI _____

Reason for exam _____ Exam date _____

Please list all medications you are currently taking _____

For female patients only:

- Y N Are you pregnant?
Date of last menstrual period _____ Patient Signature _____

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Remarks: _____

Technologist/Nurse: _____ Date: _____