Arrival:			_A Medical F		Inc. – Diagnosti					
Last Na	me/Fir	st/MI:		(P	lease print clearly)	Date of Se	ervice:	OFFICE Heart	USE ONLY ☐ Abdomen	
								□ Body	□ Lung	
Height:		Weight:	BMI:	Waist:	Date of Birth:	Age:		□ Pelvis□ Caroti□ CIMT		
Referri	ng Phys	sician								
Have	you ha	ad this test befo	ore? Yes	☐ No If	yes, date	Sc	ore			
Medic	al His	story (respond t	o all that apply	<u>/):</u>	☐ I may	be Pregn	ant			
Race:		Thite/Caucasian ndian (Asian)			_		n Indian 🗌		waiian/Pacific	
Yes	No	,			uestion?					
		· ·	d chest pain 1							
		Are you a dia	abetic? Type_	Me	dication(s):					
		Have high cholesterol? Medication(s):								
		Have high blood pressure? Medication(s):								
		Do you have	any family h	istory of hea	art disease? Fami	ly member	r:			
Lifest	yle: [Sedentary	Active	Stressful						
Diet t	ype:	Regular, Mi	ixed Low	Fat Low	Salt Vegetaria	n High	Protein []	Other		
Tobac	cco U				late:					
Yes	No				Question?				Date?	
		Have you ha	d a stroke?							
		Have you ha	d a heart atta	ck?						
		Have you had heart angioplasty?								
		Do you have stents? # of Stents								
	$\overline{\Box}$				brafts					
$\overline{\sqcap}$	$\overline{\Box}$	Have you had bypass surgery? # of Grafts Do you have any kidney disease?								
		Any known lung disease? Emphysema Asthma COPD Other								
	Are you post-menopausal? Date:									
$\overline{\Box}$		If Yes, Hysterectomy Oophorectomy Hormone replacement therapy Do you Exercise?								
		•) 11		1.				
Any o	ther I	mportant Medic		How much:	ounces per v	veek				
7 my O	tilei ii	inportant ivicuit	car rinstory.							
					For Staff Use Only					
		INTERPRETATI			ConsultSo	cored		ADMINIST	RATION	
	GATIV EATER	E□ LESS THAN THAN □ MUCH	AVERAGE ∐ AGREATER THAN	N	# OF Score		Charge			
				LM			DECEMBOLI	eti inv		
Comme	ents:			LAD						
				LAD .			□PT FX □	PT MAIL DA	TE:	
P Mp.			CX .	CX			MD MAIL DA	TE:		
By: ☐ MB ☐ RO ☐ JC			RCA .	RCA						
Initial:				- Total						
				101111						