Arrival:			_A Medical		Inc. – Diagnosti					
Last Name/First/MI:				(Please print clearly)			Date of Service:		OFFICE USE ONLY	
								│ □ Heart │ □ Body	<ul><li>□ Abdomen</li><li>□ Lung</li></ul>	
Height	:	Weight:	BMI:	Waist:	Date of Birth:		Age:	□ Pelvis	□ Colon	
								☐ Caroti☐ CIMT		
								- Clivi i		
					I		l			
Referri	ng Phys	ician								
**	1	1.1 1 6	0 🗆 🗸		1 .					
	-				yes, date	Sc	core			
Mean	cal His	tory (respond t	o all that appl	<u>y):</u>						
Race:	$\square$ W	hite/Caucasian	African-	American 🗍	Hispanic/Latino [	America	n Indian	Native Hav	waiian/Pacific	
		ndian (Asian)	_			<u></u>				
Yes	No			Q	uestion?					
		Have you ha	d chest pain	recently?						
		Are you a diabetic? Type Medication(s):								
		Have high cholesterol? Medication(s):								
		Have high blood pressure? Medication(s):								
		Do you have any family history of heart disease? Family member:								
Lifes	tyle: [	Sedentary [	Active	Stressful						
Diet 1	type: [	Regular, M	ixed 🗌 Low	Fat Low	Salt Vegetaria	ın High	Protein [	Other		
Toba	cco U	se: Never	Current [	Past-quit o	late:					
Yes	No			0	uestion?				Date?	
		Have you ha	d a stroke?		-					
		Have you had a heart attack?								
		Have you had heart angioplasty?								
□ □ Do you have stents? # of Stent										
	Have you had bypass surgery? # of Grafts									
$\overline{\Box}$		Do you have any kidney disease?								
	Any known lung disease? Emphysema Asthma COPD Other									
Ħ.		Do you Exercise?								
		•		? How much:	ounces per v	week				
Any	other 1	Important Me								
		•	•							
				,						
		INTERPRETA	TION		For Staff Use Only ed Consult	Scored		ADMINISTR	RATION	
☐ NEGATIVE ☐ LESS THAN ☐ AVERAGE				AGE		Score				
☐ GREATER THAN ☐ MUCH GREATER THAN				HAN LM	LM		Charge			
Comments:		LAD	LAD			RESEARCH STUDY				
							□PT FX	□PT MAIL DAT	ΓΕ:	
				CX						
By: ☐ MB ☐ RO ☐ JC				RCA	RCA			□MD FX □MD MAIL DATE:		
Initial:				Total	Total			□IMAGE/CD MAILED:		
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