

**DOCTORS GROOVER
CHRISTIE & MERRITT**
R A D I O L O G I S T S

Advancing Medical Imaging Since 1916

Calcium Scoring Questionnaire

Name: _____

Home Address: _____

Physician Address: _____

Age: ____ DOB: ____ Sex: ____ Ethnicity _____

Weight: _____

Cholesterol _____ Blood Pressure (approximate, if known)? _____

=LDL? _____

Triglycerides? _____

=HDL? _____

Diabetes? Y/N (circle answer)

Smoking? Y/N (circle answer)

If yes, how many packs? _____

Years? _____

Medications: _____

Cardiac History: _____

Family Cardiac History: _____