Nuclear Medicine Clinic
Cardiac Perfusion Scan Questionnaire

Patient Name_____
Hospital Number_____ **Date of Birth** _____
Current Weight_____ **Current Height** _____
Local phone number where we can reach you, if needed today or tomorrow _____

We ask you to complete the following questionnaire and read the attached consent form. Your thoughtful answers to each of these questions will add considerably to our ability to safely perform your cardiac study. You will have an opportunity to discuss questions or concerns with the nurse practitioner or physician prior to your study.

1. What is your understanding of why your healthcare provider has recommended this study?
_____
_____
2. What time did you last eat? _____
3. What have you had to drink the last 24 hours besides water? -
_____

	YES	NO
4. Have you ingested any chocolate (candy, brownies, pudding, cookies, etc.) in the past 24 hours?	☐	☐
5. Have you taken Anacin, NoDoz, Excedrin, or Vivarin within the past 24 hours?	☐	☐
5. Do you take any medications containing Aminophylline? (Examples: Theo-Dur, Theo-Sav, Theophylline, Respid, Fioricet, Fiorinal)	☐	☐
6. Can you walk on a treadmill?	☐	☐
7. Do you have lung problems for which you take inhalers on a regular basis?	☐	☐
8. Is there any chance that you are pregnant?	☐	☐
9. Are you currently breastfeeding?	☐	☐
10. Do you have high cholesterol or taking cholesterol medication?	☐	☐
11. Do you have high blood pressure or take blood pressure medication?	☐	☐
12. Do you have diabetes?	☐	☐
13. Have you ever had a heart attack?	☐	☐
14. Will you travel out of the country in the next month?	☐	☐
15. Have you had any Nuclear Medicine studies in the past month?	☐	☐
16. Do you or have you ever smoked?	☐	☐

If you quit smoking, when did you quit? _____

17. Have you ever had a coronary angiogram? (A procedure which a dye is injected into the arteries that supply blood to your heart muscles, Looking for narrowing or blockages in your coronary arteries)	☐	☐

If yes, when and where? _____

18. Have you ever had an angioplasty (PTCA) or stent placed in a coronary artery? (Your coronary arteries are the blood vessels that supply oxygen-rich blood to your heart muscle)	☐	☐
19. Have you ever had heart bypass surgery?	☐	☐

If yes, when and where? _____

20. Please list the names of the medications that you take daily and place a check mark next to those that you have taken today:

_____
_____
_____
_____
_____
_____
_____

DO NOT FILE IN MEDICAL RECORD