RIVER RANCH RADIOLOGY

HEALTHSCORE QUESTIONNAIRE

Primary Care Physician (or choose from list attached): _____

The Texas Department of Health regulates facilities that perform preventative screening exams. River Ranch Radiology requires that you list a physician who we will forward your results to.

Patient Name: _____

First Middle or Maiden Last

Date of Birth: _____ Age: _____

Sex: ☐ Male ☐ Female Height:_____ Weight: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Patient's Employer: _____

Business Address: _____

City: _____ State: _____ Zip: _____

How did you hear about HEALTHSCORE?_____

_____

Have you had a previous heart CT exam? ☐ Yes ☐ No When?

Have you had any chest pain? ☐ Yes ☐ No Do you have any stents? ☐ Yes ☐ No

Have you ever had surgery on your heart/chest? ☐ Yes ☐ No

If you answered YES, please explain: _____

_____

Have you had any previous exams of your heart, chest or lungs? ☐ Yes ☐ No

If you answered YES, please explain: _____

_____

Please indicate any cardiac risk factors that apply:

_____ Tobacco Use *(ICD 9 305.1/V15.82)*

_____ High Cholesterol *(ICD 9 272.0/272.4)*

_____ Sedentary Lifestyle

_____ High Stress *(ICD 9 308.9)*

_____ Menopausal *(ICD 9 627.2)*

_____ Diabetes *(ICD 9 250.00/250.90)*

_____ Obesity *(ICD 9 278.00)*

_____ Family History of Heart Disease *(ICD 9 V17.3)*

_____ High Blood Pressure *(ICD 9 401.9)*

_____ Age Over 40 (male) – or – over 45 (female)

Please turn over ⇨

Have you had any of the following?	YES	NO
Cancer or a tumor?	☐	☐
Lung problems (emphysema, bronchitis, asthma, or shortness of breath)?	☐	☐
Surgery?	☐	☐
Are you pregnant or nursing?	☐	☐
Do you have any cultural or religious practices we need to consider?	☐	☐
Do you have a history of TB or prolonged cough?	☐	☐
Do you have any questions about today's procedure?	☐	☐

If you answered YES to any of the above questions, please explain: _____

_____

_____

DIAGNOSIS: The HEALTHSCORE procedure is an analysis of the coronary arteries ONLY, and is very useful in determining risk due to atherosclerosis. It cannot, however, directly measure the degree of arterial stenosis (narrowing), or detect non-coronary pathology.

CONSENT: The procedure which you will undergo, utilizes x-rays for imaging purposes. By signing below, you indicate your consent to be scanned, and acknowledge that any clinical follow-up, if necessary, is your responsibility. River Ranch Radiology and any radiologists associated with River Ranch Radiology are diagnostic providers only, and do not administer, or follow patient treatment.

RESULTS: Within one week, you should receive a formal report of your diagnosis, which will contain an associated radiologist or other physician's signature and interpretation, based on complete analysis of data derived from the procedure. River Ranch Radiology does not control the manner or method by which associated radiologists or other physicians supervise procedures, analyze data, or interpret HEALTHSCORE scans. Therefore, River Ranch Radiology is not responsible for the acts or omissions of associated radiologists or other physicians.

RELEASE OF INFORMATION: Subject to any rights you may exercise under the River Ranch Radiology Notice of Privacy Practices, which you will sign simultaneously with this form, you acknowledge that medical records, generated in connection with the procedure, including your diagnosis report and other pertinent information acquired during testing, shall be released to the physician you listed on this form.

AGREEMENT: I agree that the above comments are true to the best of my knowledge, and I understand and agree to abide by the terms and conditions stated above.

ACKNOWLEDGEMENT: I, _____ , acknowledge that I have received a copy of River Ranch Radiology's Notice of Privacy Practices.

SIGNATURE: _____ **DATE:** _____

If you experience chest pain, seek immediate medical attention; do not wait for your HEALTHSCORE results!

(for office use only)

LMA ____ # _____ LAD _____ # _____ LCX _____ # _____ RCA _____ # _____ PDA _____ # _____

Total Score: _____ Diagnosis: _____ Percentile: _____

Lung/Mediastinum: _____ Radiologist's initials: _____ Date of Review: _____