

**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: \_\_\_\_\_