

\*Please complete only most relevant reason for testing – complete only one numbered box

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Patient ID:** \_\_\_\_\_ **DSS #:** \_\_\_\_\_

## 1. Preoperative

**Vascular Surgery/Solid Organ Transplant:** ☐ Aortic or other major vascular surgery ☐ Nonthoracic solid organ transplant ☐ Peripheral Vascular Surgery

**Intermediate Risk Surgery:** ☐ Carotid Endarterectomy ☐ Head and neck ☐ Intraperitoneal and intrathoracic ☐ Orthopedic ☐ Prostate ☐ Other

**Low Risk Surgery:** ☐ Ambulatory ☐ Breast ☐ Cataract ☐ Endoscopic Procedures ☐ Superficial Procedure ☐ Other ☐ Non-coronary cardiac surgery

(If intermediate OR vascular, continue below)

### Risk Factors that apply

- ☐ History of ischemic heart disease
- ☐ History of compensated or prior heart failure
- ☐ History of cerebrovascular disease
- ☐ Diabetes Mellitus (requiring insulin)
- ☐ Renal insufficiency (creatinine greater than 2.0)
- ☐ None of the above

**Functional Capacity** (ability to climb stairs or walk at a very brisk pace)

- ☐ Able to exercise
- ☐ Unable to exercise or unknown

**Asymptomatic up to one year...**

- ☐ Yes
- ☐ No

## 2. Initial Evaluation of Symptomatic Patient

### a) Symptoms, select all that apply

- ☐ Burning
- ☐ Chest Pain
- ☐ Chest Tightness
- ☐ Dyspnea
- ☐ ECG abnormal
- ☐ Jaw Pain
- ☐ Palpitations
- ☐ Shoulder Pain
- ☐ Worsening Effort Tolerance
- ☐ Other

### b) Has the patient experienced?

- ☐ Substernal Chest pain or discomfort
- ☐ Symptoms provoked by exertion or emotional stress
- ☐ Symptoms relieved by rest and/or nitroglycerin
- ☐ None of the above

## 3. Initial Evaluation of Asymptomatic Patient (select either a, b, or c)

### a) ☐ Asymptomatic (continue to section d)

### b) Asymptomatic w/ CHD risk equivalent

select all that apply

- ☐ Abdominal aortic aneurysm
- ☐ Carotid Artery Disease
- ☐ Diabetes Mellitus if 40 or over
- ☐ Peripheral Arterial Disease (PAD)

### c) Asymptomatic w/ Disease or Sx of Ischemic Etiolo

select all that apply

- ☐ Elevated troponin w/o evidence of ACS
- ☐ Heart Failure
- ☐ New Onset Atrial Fibrillation
- ☐ Premature Ventricular Contraction
- ☐ Syncope (continue to section d)
- ☐ Ventricular Tachycardia

### d) Framingham Risk

**Smoker:** ☐ Yes ☐ No

**Blood Pressure:** \_\_\_\_\_ mm Hg

**Currently taking any medications to control BP:**

- ☐ Yes ☐ No

**Total Cholesterol:** \_\_\_\_\_ mg/dL

**HDL:** \_\_\_\_\_ mg/dL

## 4. Procedure or Test Follow-Up OR Coronary Stenting/Coronary Artery Bypass Graft (PCI/CABG)

(Select most recent test)

### a) Most Recent Prior Test (For PCI/CABG see below)

- ☐ Calcium Score: Results      ☐ Less than 100   ☐ 100 to 400   ☐ Greater than 400    (skip to section e, if 100 to 400)
- ☐ Carotid Intimal Medial Thickness
- ☐ CT Angiography (continue to section b)
- ☐ Heart Transplant
- ☐ Invasive Angiography (continue to section b)
- ☐ PET (continue to section b)
- ☐ SPECT MPI (continue to section b)
- ☐ Stress Echo (continue to section b)
- ☐ Stress MR (continue to section b)
- ☐ Treadmill Stress Test: Results   ☐ Normal   ☐ Abnormal

### b) Prior test result

- ☐ Normal
- ☐ Equivocal
- ☐ Abnormal

(If normal or abnormal, continue to c)

### c) New/Worsening Symptoms?

- ☐ Yes
- ☐ No (If NO, continue to d)

### d) When Was Prior Test

- ☐ Less than 2 years
- ☐ At least 2 years ago

e) Smoker: ☐ Yes   ☐ No    Blood Pressure: \_\_\_\_\_ mm Hg    Total Cholesterol: \_\_\_\_\_ mg/dL

Currently taking any medications to control BP: ☐ Yes   ☐ No    HDL: \_\_\_\_\_ mg/dL

## 5. PCI and CABG

- ☐ Asymptomatic
- ☐ Clearance for rehab only
- ☐ Symptomatic

(Continue ONLY if Asymptomatic)

### Prior most-recent revascularization procedure?

- ☐ PCI within the past 2 year
- ☐ PCI at least 2 years ago
- ☐ CABG within the past 5 years
- ☐ CABG at least 5 years ago

### Was the revascularization complete?

- ☐ Yes
- ☐ No

(Continue ONLY if Yes)

## 6. Active or Current Acute Coronary Syndrome (ACS)

a) Current ACS: ☐ Definite   ☐ Isolated Troponin Elevation   ☐ Possible

OR

### b) Recent ACS (Within 3 months):

- ☐ Hemodynamically Unstable
- ☐ Recurrent Chest Pain or Ischemic Equivalent
- ☐ Signs of Heart Failure
- ☐ Stable

(If Recurrent OR Stable, continue to c & d below)

### c) Prior to cardiac rehab (if NO, continue to d)

- ☐ Yes   ☐ No

### d) Prior Angiogram

- ☐ Yes   ☐ No

## 7. Other Reasons for Imaging

- ☐ Assess Viability – Ischemic Cardiomyopathy

☐ Other \_\_\_\_\_

\_\_\_\_\_