

Patient Information Form (PIF) for Chest Symptoms

The following patient information forms are used for patients undergoing imaging of the chest. Patients with chest pain, cough, or dyspnea may undergo radiography, computed tomography (CT), and magnetic resonance imaging (MRI), whereas patients with chest pain or dyspnea may undergo imaging with myocardial perfusion scans. Patients with a voice change may undergo chest imaging if it is thought that the voice change is secondary to a tumor along the course of the recurrent laryngeal nerve. If the voice change is thought to be secondary to a stroke, then refer to PIF – Brain.

The first form, titled “Chest”, is designed for patients undergoing chest radiography, computed tomography (CT), or magnetic resonance imaging (MRI).

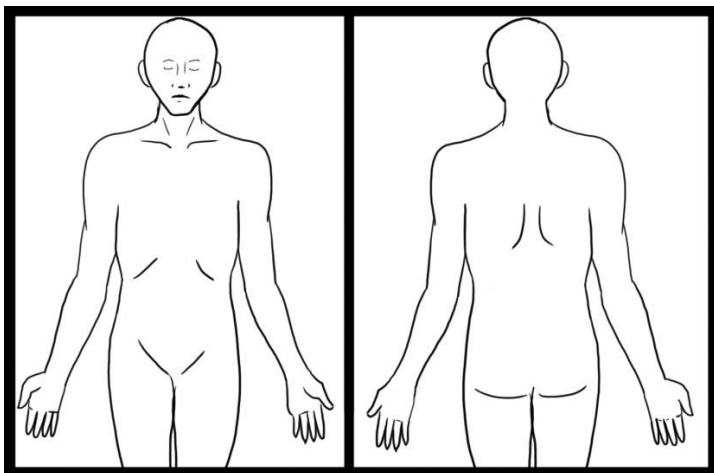
The second and third forms, titled “Nuclear Medicine Myocardial Perfusion Scan with SPECT, Exercise Stress and Rest Imaging,” and “Nuclear Medicine Myocardial Perfusion Scan with SPECT, Pharmacologic Stress and Rest Imaging”, are designed for patients undergoing myocardial perfusion studies.



Patient Name: _____ Previous exam: _____
Date of birth: _____ Patient pregnant: YES NO
Medical Record #: _____ Patient breastfeeding: YES NO

Chest

Please mark the location of any chest pain:



How long have you had your symptoms?	
Have you had prior surgery done on your chest? If so, please tell us the approximate date(s) and procedure(s):	
Please check if you have any of the following:	
<input type="checkbox"/>	Chest pain.
<input type="checkbox"/>	Shortness of breath
<input type="checkbox"/>	Cough.
<input type="checkbox"/>	Large unintended weight loss.
<input type="checkbox"/>	Large unintended weight gain.
<input type="checkbox"/>	Fever

If your pain was caused by trauma/injury, please describe how you were injured:

Please check any disease that you have had in the past or that you know you have now:

<input type="checkbox"/>	cold/upper respiratory infection	<input type="checkbox"/>	bronchitis or pneumonia
<input type="checkbox"/>	congestive heart failure	<input type="checkbox"/>	coronary artery disease or heart attack
<input type="checkbox"/>	hypertension	<input type="checkbox"/>	pulmonary embolism
<input type="checkbox"/>	emphysema	<input type="checkbox"/>	chronic obstructive lung disease (COPD)
<input type="checkbox"/>	asthma	<input type="checkbox"/>	gastroesophageal reflux disease (GERD)
<input type="checkbox"/>	aortic aneurysm	<input type="checkbox"/>	heart valve disease
<input type="checkbox"/>	pneumothorax	<input type="checkbox"/>	hiatal hernia
<input type="checkbox"/>	interstitial lung disease	<input type="checkbox"/>	other (specify):

Have you ever smoked? YES NO If YES, for how many years? _____ Still smoking? YES NO

Have you ever been diagnosed with cancer? YES NO

If yes, what type? _____

If you had radiation therapy, when was the last treatment? _____

FOR TECHNOLOGIST USE ONLY (Fluoro time: ____ sec)

Call result?	No Yes	If "Yes", provider name/number:
Known follow-up appointment?	No Yes	If "Yes" indicate date/time and provider:
For CT and MR studies		
Was IV contrast injected?	No Yes	If "Yes": _____ mL of _____ (contrast type)
Was oral contrast given?	No Yes	If "Yes": _____ mL of _____ (contrast type)
Hydration protocol?	No Yes	If "Yes", provide details:
Patient premedicated for contrast?	No Yes	If "Yes", provide details:
Abnormal response to contrast?	No Yes	If "Yes", provide details:

Patient Name: _____ Previous exam: _____

Date of birth: _____ Technologist: _____

Patient pregnant: Yes No

Patient breastfeeding: Yes No

Nuclear Medicine Myocardial Perfusion Scan with SPECT, **Exercise Stress** and Rest Imaging

Reason for exam(circle all that apply): chest pain, dyspnea, palpitations, syncope, abnormal ECG, diabetes, CAD, pre-op, cardiac arrhythmias, myocardial viability, valve disease, congenital disease, vascular disease, medication risks, other: _____

Chest Pain

 None

OR

- With typical quality and duration
 Which is provoked by exertion or emotional stress
 Which is relieved by rest or nitroglycerine

Age	Nonanginal pain		Atypical angina		Typical angina	
	Men	Women	Men	Women	Men	Women
30-39	4	2	34	12	76	26
40-49	13	3	51	22	87	55
50-59	20	7	65	31	93	73
60-69	27	14	72	51	94	86

Pretest Probability of Coronary Artery Disease _____%

Cardiac Risk Factor Assessment

 Known CAD Diabetes

OR

Calculated Cardiac Risk Score _____% (<http://hp2010.nhlbi.nih.net/atp/iii/calculator.asp>)

Previous cardiac procedures:

- Cardiac catheterization (date _____)
 Coronary angioplasty (date _____)
 PPM or ICD (date _____)
 History of MI (date _____)
- Coronary stent (date _____)
 CABG (date _____)
 Valve replacement (date _____)

Procedure:

Supervising physician _____

Bruce protocol for _____ minutes _____ seconds, METS _____

Baseline HR _____ BPM, Max HR _____ BPM, % of the MPPHR _____

Symptoms during procedure: _____

Study: 1 or 2 day protocol, Rest dose _____ mCi of Tc sestamibi, Stress dose _____ mCi of Tc sestamibi.

[* - Normal left ventricular EDV < 120 ml and ESV < 70 ml]



Patient Name: _____ Previous exam: _____

Date of birth: _____ Technologist: _____

Patient pregnant: Yes No Patient breastfeeding: Yes No

Nuclear Medicine Myocardial Perfusion Scan with SPECT, Pharmacologic Stress and Rest Imaging

Reason for exam(circle all that apply): chest pain, dyspnea, palpitations, syncope, abnormal ECG, diabetes, CAD, pre-op, cardiac arrhythmias, myocardial viability, valve disease, congenital disease, vascular disease, medication risks, other:_____

Chest Pain

- None OR With typical quality and duration Which is provoked by exertion or emotional stress Which is relieved by rest or nitroglycerine

Table with 7 columns: Age, Nonanginal pain (Men, Women), Atypical angina (Men, Women), Typical angina (Men, Women). Rows for age groups 30-39, 40-49, 50-59, 60-69.

Pretest Probability of Coronary Artery Disease _____%

Cardiac Risk Factor Assessment

- Known CAD OR Diabetes

OR

Calculated Cardiac Risk Score _____% (http://hp2010.nhlbihin.net/atpiii/calculator.asp)

Previous cardiac procedures:

- Cardiac catheterization (date_____) Coronary stent (date_____)
Coronary angioplasty (date_____) CABG (date_____)
PPM or ICD (date_____) Valve replacement (date_____)
History of MI (date_____)

Procedure:

Supervising physician _____.

Medication .4mg Regadenoson / Lexiscan

Baseline HR _____BPM, Max HR _____ BPM, % of the MPHR _____

Symptoms during procedure:_____

Study: 1 or 2 day protocol, Rest dose _____mCi of Tc sestamibi, Stress dose _____mCi of Tc sestamibi.

[* - Normal left ventricular EDV < 120 ml and ESV < 70 ml]