Clinical Information Worksheet

Myocardial Perfusion Imaging (MPI) or Stress Echocardiography (SE)

1. Demographic information	
Member name:	Member DOB:
Member health plan:	Ordering provider name:
Member number:	Requested date of service:

2. Clinical information			
Differential diagnosis			
Does the patient have established coronary artery disease? If yes, please indicate which exams were performed and when.		No ☐	Yes ☐
Exam(s)	**Date**		
Myocardial infarction		No ☐	Yes ☐
Angioplasty, stenting, or bypass		No ☐	Yes ☐
Catheterization showing >70% stenosis		No ☐	Yes ☐
Does the patient have chest pain? If yes, please provide additional information (nature/description/location).		No ☐	No ☐
Does the patient have any additional symptoms? If yes, please describe the additional symptoms.		No ☐	No ☐

3. Patient risk assessment			
Current weight			
Current blood pressure			
Current smoker		No ☐	Yes ☐
Current total cholesterol			
Co-existing conditions			
Diabetes	No ☐	Yes ☐	Unknown ☐
Abdominal Aortic Aneurysm	No ☐	Yes ☐	Unknown ☐
Symptomatic Peripheral Vascular Disease	No ☐	Yes ☐	Unknown ☐
History of CVA, TIA or CEA	No ☐	Yes ☐	Unknown ☐
Renal Insufficiency/Failure	No ☐	Yes ☐	Unknown ☐

4. Patient Risk Assessment (continued)

Family history of CAD			
Father, brother, or son with CAD < 50 years old	No ☐	Yes ☐	Unknown ☐
Mother, sister, or daughter with CAD < 60 years old	No ☐	Yes ☐	Unknown ☐
When did the patient last receive an EKG?	**Date**	**Results**	
Is the patient able to walk on a treadmill?	No ☐	Yes ☐	Unknown ☐

Has the patient received any cardiac exam / test in the last 2 years? If yes, please provide the date / results.			**Date / Results**
Exercise stress test	No ☐	Yes ☐	
Myocardial perfusion imaging	No ☐	Yes ☐	
Stress echo	No ☐	Yes ☐	
Coronary CT angiography	No ☐	Yes ☐	
Cardiac catheterization	No ☐	Yes ☐	

Is the exam for pre-operative evaluation?	**Surgery type**	**Date**
Does the patient have a history of heart transplant?	No ☐	Yes ☐