

Today's Date: _____



CALCIUM SCORE PATIENT REGISTRATION

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Email Address: _____ Gender: _____

Age: _____ Sex: _____ Height: _____ Weight: _____ Allergies: _____

RESPONSIBLE PARTY (If different from patient)

Name: _____ Date of Birth: _____ SSN: _____

Home #: _____ Work #: _____

Address: _____ City: _____ State: _____ Zip: _____

PLEASE SIGN THE FOLLOWING STATEMENTS:

I, _____, authorize Bay Area Heart to administer and conduct a Cardiac Calcium Scoring CT exam. I have undergone an interview and physical exam with a physician or a physician representative.

A Cardiac Calcium Scoring exam is a non-invasive procedure, done on a CT (Computed Tomography) scanner for measuring and reporting coronary artery calcification scores. Calcium deposits do not correspond directly to the percentage of narrowing of the arteries. They do, however, correlate directly to the amount of coronary plaque, and to the risk of future coronary disease. These calcium deposits usually begin to form years before any symptoms develop. Early detection and modification of your personal risk factors, such as smoking and cholesterol level, can slow the progress of coronary disease and potentially impact your risk of having a heart attack.

A low score suggests a low likelihood of coronary artery disease but does not exclude the possibility of significant coronary artery narrowing. The results should be discussed with your physician who will consider other risk factors such as age, gender, family history, diabetes, smoking or high cholesterol levels.

CONSENT:

The information obtained is treated as confidential and will not be released to any person without my written consent. This information may, however, be used for statistical or scientific purposes with out violating my right to privacy.

I have read the above and consent to proceed with this test. In the unlikely event that injury or complications result, I permit the physician and other personnel to administer such treatment, including hospitalizations, as may be necessary. I will not hold the physicians or staff of Bay Area Heart responsible.

FEMALE PATIENTS: By signing, I confidently state that I am not currently pregnant or breastfeeding. _____

PATIENT SIGNATURE: _____

DATE: _____

PRINT PATIENT NAME: _____