



Oregon Medical Group

Imaging Department,
920 Country Club Rd.
Eugene, OR 97401 541-242-4162

Cardiac Questionnaire

Last Name _____ First Name _____ Date _____

Male Female Height _____ Wt _____ lbs Date of Birth _____

Please answer the Yes/No questions and fill in the blanks:

- Yes No Have you ever had a stress test? If yes, when _____ ?
 Treadmill Thallium Cardiolite Exercise Treadmill
- Yes No Have you ever had a heart attack? If yes, when _____ ?
- Yes No Have you ever had an angiogram? If yes, when _____ ?
- Yes No Have you ever had an angioplasty? If yes, when _____ ?
- Yes No Do you have stents in any of the coronary arteries? LAD RCA LCx
- Yes No Have you ever had open heart surgery or a valve replacement? _____
- Yes No Have you ever had cardiac bypass surgery? If yes, when _____ ?
- Yes No Do you have a pacemaker?
- Yes No Did you have breast augmentation surgery?
- Yes No Do you smoke? If yes, how many years & how much _____ ?
- Yes No Have you quit smoking? If yes, when _____ ?
- Yes No Do you have any lung disease? Asthma Emphysema Bronchitis COPD
- Yes No Are you using any inhalant therapy? List Rx's _____
How often do you use the inhalant _____ ?
- Yes No Have you experienced recent chest pains? If yes, when _____ ?
How long did the chest pains last? _____
Where was the location of the pain? Right Center Left
Was the pain related to stress or exercise? Yes No
- Yes No Have you taken nitroglycerine for chest pain?
- Yes No Do you have family members with heart disease? Who _____
- Yes No Are you being treated for high blood pressure?
List Rx's _____
- Yes No Are you being treated for diabetes?
List Rx's _____
- Yes No Are you on medications to control cholesterol, lipids or triglycerides?
List Rx's _____
- Yes No Do you have any allergies? If yes, what _____
- Yes No Are you able to walk on a treadmill for about 6 minutes?
- Yes No Do you have dizziness with exercise?
- Yes No Are you taking any other medications?
List Rx's _____

The above information is current and accurate to the best of my knowledge

Patient's signature _____