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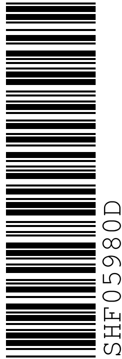
MONASHHEART
Southern Health



Name:

HEALTH QUESTIONNARE
CT Coronary Angiogram

Address:

Further Details:

Date of birth: ____________ Age: ___________

Male ☐ Female ☐

Cardiologist: ____

Cardiologist office address: ____________________________________

____

Home ph: ________________

Work ph: ________________

Mobile ph: ________________

Contrast Questions:

Background - contrast material is used to help highlight the important cardiac structure we are about to examine, and to improve the accuracy of the test you are about to undergo. Certain medical conditions may influence the way you react to the contrast material and it is important for the team to know these medical conditions before you proceed with this CT scan.

1. Are you pregnant or breastfeeding? Yes/No

2. Are you allergic to any medications? Yes/No
   If so, what are they?.......................................

3. Have you had previous iodine based contrast or X-ray dye including CT scan, IVP/Kidney X-ray or angiogram ? Yes/No
   Were there any problems? Yes/No
   If so, please state..

4. Are you being treated for diabetes? Yes/No
   Do you take medications for diabetes? Yes/No
   If so, please state..

   Do you take Metformin? Yes/No
   (Diabex, Glucophage or Diaformin)

5. Have you ever been diagnosed with any of the following conditions:
   - Asthma? Yes/No
   - Hyperthyroidism/Graves disease? Yes/No
   - Thyroid cancer? Yes/No
   - Phaeochromocytoma? Yes/No
   - Myasthenia Gravis? Yes/No
   - Sickle cell disease? Yes/No
   - Kidney disease? Yes/No
   - Are you Hepatitis B or C positive? Yes/No

. . . **(Office Use Only Radiographer Initial.......................)**

General Questions

6. Do you have any of the following allergies?		If yes, what type of reaction
Iodine/Contrast/Xray dye	Yes/No	________________________
Latex	Yes/No	________________________
Shellfish	Yes/No	________________________
General allergies? If yes, to what?		________________________

7. Which medications are you currently taking? (please attach a list if required)

______________________________ ______________________________
______________________________ ______________________________
______________________________ ______________________________
______________________________ ______________________________

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8. General health

Current smoker ☐	Non smoker ☐		
Ex-smoker < 12 mths ☐	Ex-smoker >12 mths ☐		
Diabetes	Yes/No	Type 1 ☐ Type 2 ☐	
High cholesterol		Yes/No	
High blood pressure		Yes/No	
Asthma/Airways disease		Yes/No	
Regular exercise (30mins more than 3 days/week)		Yes/No	
Do you have a family history of heart disease?		Yes/No	
Post menopausal (females only)		Yes/No	

9. Have you ever had:

Any cardiac surgery Yes/No Type ________________Year ________ Where ________________

A heart attack	Yes/No	Year ________
Abnormal stress test	Yes/No	Year ________
Coronary angiogram	Yes/No	Year ________
Stents placement/angioplasty	Yes/No	Year ________
Pacemaker implant	Yes/No	Year ________

10. This past week, have you had:

Chest pain/angina/chest tightness/pressure	Yes/No
Heart palpitations	Yes/No
Shortness of breath	Yes/No

11. Height ______ Weight _______ **(Office Use Only RN Initial.......................)**

12. Do you require the assistance of an Interpreter? Yes/No
If yes, which language do you prefer? ____________________________________

Please return this form to MonashHeart ASAP before your appointment in the reply paid envelope provided or bring it in with you on the day.

Thank you

Cardiac CT Services
MonashHeart
Southern Health