

Patient Name:	
DOB:	Page 1 of 3
J#	

ST. JOSEPH'S UNITY HEALTH TORONTO	J#		
CORONARY ARTERY CT MEDICAL SCREENING FORM			
Absolute Contraindications to Coronary CT (Affirmative response excludes patient)			
Atrial Fibrillation Ventricular Bigeminy/Trigeminy Pacemaker		☐ Yes ☐ Yes ☐ Yes	☐ No ☐ No ☐ No
Contraindications to Beta Blockers and Calcium Cha (Affirmative responses do not necessarily exclude patient	t)		□Na
Presently on beta blockers, calcium channel blockers or of lf yes, specify drug, dose and patient's resting heart rate	digoxin?	∐Yes	□No
Asthma Specify treatment:		☐ Yes	□No
COPD Specify treatment:		☐Yes	□No
Heart Block Specify Degree:		Yes	□No
Heart Failure -If yes, specify Right or Left:		☐Yes	□No
-If yes, specify LV grade or EF:			
Pulmonary Arterial Hypertension		☐Yes	□No
Systolic Blood Pressure < 90 mmHg		☐Yes	□No
Pre-excitation Syndrome (eg. Wolf-Parkinson-White)		☐ Yes	□No
Sick Sinus Syndrome		☐Yes	□No
Are you aware of any reason not listed above that this pablockers or calcium channel blockers If yes, please specify	tient should not receive beta	Yes	□No

Patient Name:		
Contraindications to Nitrates (Affirmative responses do not exclude patient)		
On medication for erectile dysfunction (e.g. Viagra) On nitrates If yes, specify dose:	☐ Yes ☐ Yes	☐ No ☐ No
Glaucoma	☐ Yes	□No
Severe anemia	☐ Yes	□No
Increased intracranial pressure	Yes	□No
Severe aortic valvar stenosis	Yes	□No
Hypertrophic Cardiomyopathy	☐Yes	□No
Recent Myocardial Infarction (< 1 month)	☐Yes	□No
Are you aware of any reason not listed above that this patient should not receive nitrates If yes, please specify:	s ☐ Yes	□No
Cardiac History		
Previous MI Specify Location, if known	Yes	□No
Previous CABG Specify grafts, if known	Yes	□No
Previous Stent Specify vessels, if known	Yes	□No
Iodinated Contrast Screening		
Does the patient has allergies to iodinated Contrast Media?	Yes	□No
If Yes, <u>Pre-medication Instructions for Allergic Patients:</u> •Prednisone 50mg P.O. 13hrs, 7hrs and 1hr pre-CT exam. •Benadryl 50mg P.O. 1hr pre-CT exam.		
Benadryl can cause drowsiness. These patients should make arrangements to be driven to and from the examination.		
Referring MD Signature:	_	
Referring MD (print name):		

DI Department Use Only:					
Check-in: Time:	HR:	BP:			
Has patient had caffeine in last 12 hours?		☐ Yes	□No		
Has patient smoked in last 2 hours? ☐ Yes		□No			
Medication: Circle which applies:	: Metoprolol 100 mg po x 1 dose Verapamil 240 mg po x 1 dose Other:				
Radiologist Signature:					
Time given:					
Post-Medication: Time: HR: BP: Additional Medications (dose and time given):					