

American Imaging Management Clinical Information Work Sheet

REQUEST FOR: MYOCARDIAL PERFUSION IMAGING

Member Name:	Member DOB:
Member Health Plan:	Ordering Provider:
Member Number:	Requested Date of Service:

This and future requests can be processed entirely on the web by visiting www.ProviderPortal.com and utilizing our web-based request system.

Differential Diagnosis _____

Does the patient have established coronary artery disease?

NO _____

YES _____

Date of prior Myocardial Infarction _____

Date of prior angioplasty, stenting or bypass _____

Date of prior catheterization showing >70% stenosis _____

Does the patient have Chest Pain?

NO _____

YES _____

Nature/Description/Location _____

Additional symptoms (describe) _____

Risk Assessment

Current weight _____

Current Blood Pressure _____

Current Smoker YES _____ NO _____

Current Total Cholesterol _____

Coexisting Conditions:

Diabetes YES _____ NO _____

Abdominal Aortic Aneurysm YES _____ NO _____

Symptomatic Peripheral Vascular Disease YES _____ NO _____

History of CVA, TIA or CEA YES _____ NO _____

Renal Insufficiency/Failure YES _____ NO _____

Family history of coronary artery disease

Father, brother or son with CAD <50yo _____

Mother, sister or daughter with CAD <60yo _____

Date of EKG _____

Results _____

Is the patient able to walk on a treadmill YES _____ NO _____

Prior Cardiac Testing in the last 2 years:

Date of Exercise Stress Test _____ Results _____

Date of Myocardial Perfusion Imaging _____ Results _____

Date of Stress Echo _____ Results _____

Date of Coronary CT Angiography _____ Results _____

Date of Cardiac Catheterization _____ Results _____

Pre-Operative evaluation (type of surgery planned) _____

History of Heart Transplant _____

