



**Baylor Scott & White**  
**CARDIOVASCULAR CONSULTANTS**

*A member of HealthTexas Provider Network*

Name \_\_\_\_\_

Primary Care/Referring Physician \_\_\_\_\_

Cardiologist Ordering Testing \_\_\_\_\_

**CALCIUM SCORE SCREENING INFORMATION**  
***Your Known Risk Factors***

Diabetes

High Blood Pressure

High Cholesterol      Cholesterol medication: Yes \_\_\_\_\_ No \_\_\_\_\_

Smoker       Present       Former

Positive Family History of Heart Disease

Have you had surgery to your chest/heart? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a cardiac stent? Yes \_\_\_\_\_ No \_\_\_\_\_

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Signature

Date of Birth

For Women:

Are you pregnant or do you think there is **ANY** chance you could be pregnant? \_\_\_\_\_ **NO**    \_\_\_\_\_ **YES**    If yes, please notify technologist.

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Patient Signature



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## **CONSENT FOR CALCIUM SCORE**

The Coronary Cardiac CT (computed tomography) for Calcium scoring is a non-invasive way of obtaining information about the location and extent of calcified plaque in the coronary arteries. Calcium detection does give us a way to determine the total plaque burden of the arteries surrounding the heart, but it does not, by itself, indicate a blockage or specific site of blockage in the artery. Patients with a high calcium score may be recommended to follow up with his/her primary physician who may in turn recommend further testing. Other specific radiological testing should be considered for conditions other than the detection of coronary calcification for determination of calcium score.

By signing this form you are indicating that you understand that you may be advised to seek the consultation of a cardiologist and that this study may lead to subsequent studies, exams or procedures. Also by signing this form you are indicating that you understand that there are limitations on the early detection of disease.

By signing this form you understand that you will be exposed to a small amount of radiation for a short period of time. This facility is equipped to handle emergencies during the test and that personnel have been trained for emergency procedures.

All risks and benefits of this test have been explained to me and I voluntarily accept such risks associated with this test.

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Print Name

Date of Birth

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Patient Signature

Date