



**TEMPLETON
IMAGING, Inc.**

262 Posada Lane, Suite C
Templeton, CA 93465

**Selma Carlson
Diagnostic Center**

77 Casa Street, Suite 102
San Luis Obispo, CA 93405

CARDIAC CALCIUM SCORING

Patient Name: _____

X-ray Number: _____

Referring Physician's Name: _____

Family history of Cardiac Disease?

Relationship: _____ **Age:** _____

Relationship: _____ **Age:** _____

Do you have a personal history of Cardiac Disease? **Yes** **No**

If yes, please describe: _____

Have you had open heart surgery or stent placement? **Yes** **No**

If yes, please describe: _____

Patient Age: _____ **Patient Weight:** _____ **Patient Height:** _____

Smoker? **Yes** **No**

Diabetic? **Yes** **No**

Blood Pressure: _____

Exercise? _____ **How Often?** _____

Cholesterol: _____

Patient Signature: _____ **Date:** _____