Cardiovascular disease is treatable and reversable if you catch it early.

Have you been diagnosed with or do you experience any of the following?

	Yes	No
History of Heart Disease	O	O
History of Tobacco Use	O	O
Current Tobacco Use	O	O
High Blood Pressure	O	O
High Cholesterol	O	O
Diabetes Type 1	O	O
Diabetes Type 2	O	O
Leg Pain	O	O
Resting Leg Pain	O	O
Chest Pain	O	O
Abdominal Pain	O	O
Sleep Apnea	O	O
Shortness of Breath	O	O
Abnormal EKG	O	O
Dizziness	O	O
Headaches	O	O
Lack of Coordination	O	O
Double or Blurred Vision	O	O
Numbness in Limb(s)	O	O
Cramping in Limb(s)	O	O
Swelling in Limb(s)	O	O
Prior Stroke	O	O
Family History of Heart Disease	O	O
Family History of Stroke	O	O

NAME ____________________

Phone Number: ____________________

Patient Name: ____________________

DOB: ____________________

Based on the questionnaire, the following order is warranted:

0 Cardioscan (93880, 93306, 93978, 93926)

- 0 Carotid Duplex with IMT (93380)
- 0 Echocardiogram, Complete (93306)
- 0 Aortoiliac Duplex (93978)
- 0 Lower Extremity Arterial Duplex (93925)

0 Echocardiogram, Complete (93306)

Any Additional Diagnostic Support:

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Provider's Signature: ____________________

Date: ____________________

FAX ORDER TO 1800-889-0010

Appointment Date: ____________________

Appointment Time: ____________________