



Multiple Myeloma or Sickle Cell Anemia      Y      N      \_\_\_\_\_  
 History of Aortic Valve problems              Y      N      \_\_\_\_\_  
 History of Significant Aortic Stenosis        Y      N      \_\_\_\_\_  
 Does the patient have known heart disease? Y      N      \_\_\_\_\_

*If yes, please check:*  Heart attack    Coronary bypass    Stent    Heart artery blockage    Heart failure    Valve problems    Aortic valve problems    Heart block    Asthma    Other \_\_\_\_\_

Is the patient on cholesterol lowering medicine?    Yes       No

Blood pressure medicine?    Yes    No   *How long ago?*    Less than 2 months    Less than 1 year    More than 1 year

Daily aspirin?                       Yes       No

Medication List	Dose mg	Times per day
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*For any questions, please contact the CT protocol team at 860-289-3375 ext. 87030 or 87007*

**FOR INTERNAL OFFICE USE ONLY**

Additional Beta Blockers Needed?               Yes       No

Approved Beta Blockers to be given on site    Yes       No

Nitro needed?                                       Yes       No

Radiologist Protocol comments: \_\_\_\_\_  
 \_\_\_\_\_