UniCare

Clinical Information Worksheet

Myocardial Perfusion Imaging (MPI) or Stress Echocardiography (SE)

1. Demographic Information	
Member Name:	**Member DOB:**
Member Health Plan:	**Ordering Provider Name:**
Member Number:	**Requested Date of Service:**

2. Clinical Information			
Differential Diagnosis			
Does the patient have established Coronary Artery Disease? If yes, please indicate which exams were performed and when.		No ☐	Yes ☐
Exam(s)	**Date**		
Myocardial Infarction		No ☐	Yes ☐
Angioplasty, stenting, or bypass		No ☐	Yes ☐
Catheterization showing >70% stenosis		No ☐	Yes ☐
Does the patient have Chest Pain? If yes, please provide additional information (nature/description/location).		No ☐	Yes ☐
Does the patient have any additional symptoms? If yes, please describe the additional symptoms.		No ☐	Yes ☐

3. Patient Risk Assessment			
Current Weight			
Current Blood Pressure			
Current Smoker	No ☐	Yes ☐	
Current Total Cholesterol			
Co-existing Conditions			
Diabetes	No ☐	Yes ☐	Unknown ☐
Abdominal Aortic Aneurysm	No ☐	Yes ☐	Unknown ☐
Symptomatic Peripheral Vascular Disease	No ☐	Yes ☐	Unknown ☐
History of CVA, TIA or CEA	No ☐	Yes ☐	Unknown ☐
Renal Insufficiency/Failure	No ☐	Yes ☐	Unknown ☐

4. Patient Risk Assessment (continued)

Family History of CAD:			
Father, brother or son with CAD < 50 years old	No ☐	Yes ☐	Unknown ☐
Mother, sister or daughter with CAD < 60 years old	No ☐	Yes ☐	Unknown ☐
When did the patient last receive an EKG?	**Date**	**Results**	
Is the patient able to walk on a treadmill?	No ☐	Yes ☐	Unknown ☐

Has the patient received any Cardiac exam/test in the last 2 years? If yes, please provide the date / results.			**Date / Results**
Exercise Stress Test	No ☐	Yes ☐	
Myocardial Perfusion Imaging	No ☐	Yes ☐	
Stress Echo	No ☐	Yes ☐	
Coronary CT Angiography	No ☐	Yes ☐	
Cardiac Catheterization	No ☐	Yes ☐	

Is the exam for pre-operative evaluation?	**Surgery type**	**Date**

Does the patient have a history of heart transplant?	No ☐	Yes ☐