

## PATHWAY FOR CT CALCIUM SCORING FOR GP PATIENTS

Telephone Enquiries: 020 8949 9030 Fax: 020 8949 9032 Email: [imaging@newvictoria.co.uk](mailto:imaging@newvictoria.co.uk)

SURNAME:.....

GP DETAILS:.....

FIRST NAME:.....

NHS NUMBER:.....

DATE OF BIRTH:.....

FAX NO:.....

ADDRESS:.....

MALE/FEMALE

.....

TELEPHONE:.....

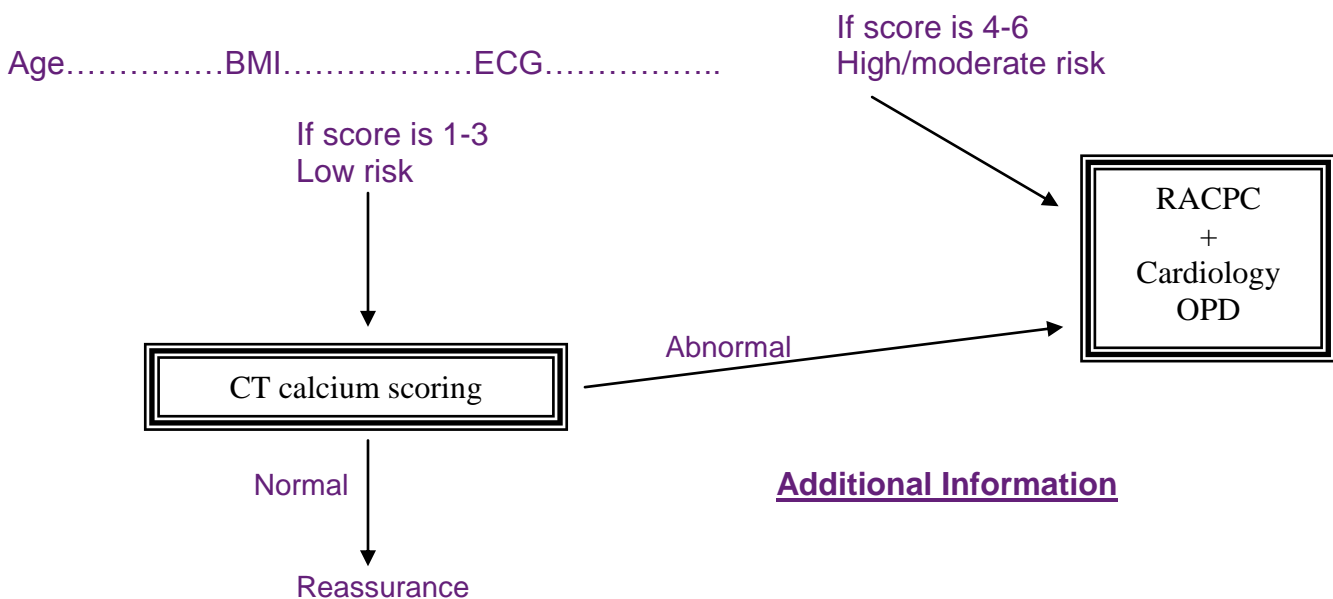
Please tick boxes below:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Symptoms	Short of Breath	Atypical Chest Pain	Stable Angina	Unstable Angina	MI

<input type="checkbox"/> Past Medical History of IHD	<input type="checkbox"/> Raised Cholesterol
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Smoker
<input type="checkbox"/> Raised BP	<input type="checkbox"/> Family History IHD

(One point scored for each of the above boxes ticked)



**GP SIGNATURE**.....