



## Authorization Request Form - Part 2 Coronary Computerized Tomography Angiography (CCTA)

Complete and fax the clinical worksheet immediately following the authorization request fax form, including any substantiating clinical documentation. Your responses enable faster processing of authorization requests and reduces the likelihood we may require you to submit additional clinical documentation to complete our review.

Please fill in each question option completely  →

<b>Patient Information</b>	First name	Last name
	Member ID	Date of birth (MM/DD/YYYY)

Fill out the following section if submitting for any of the following: **Syncope and Presyncope**

<b>Question 1</b>	<b>Is the patient documented to have Syncope or Presyncope?</b> <input type="radio"/> Yes, the patient presents with Syncope or Presyncope WITH exertion. <input type="radio"/> Yes, the patient presents with Syncope or Presyncope WITHOUT exertion. <input type="radio"/> Yes, the patient presents with Syncope or Presyncope WITH AND WITHOUT exertion. <input type="radio"/> No, the patient is not documented to have Syncope or Presyncope.
<b>Question 2</b>	<b>Does the patient have any of the following symptoms?</b> <input type="checkbox"/> Chest pain that is substernal or retrosternal <input type="checkbox"/> Chest pain provoked by exertion or an emotional event <input type="checkbox"/> Chest pain relieved by rest or nitroglycerin <input type="checkbox"/> Unexplained dyspnea on exertion <input type="checkbox"/> None of the above
<b>Question 3</b>	<b>Which of the following findings were documented at the most recent encounter?</b> <input type="checkbox"/> Previously normal or inconclusive stress test result <input type="checkbox"/> Clinically significant ventricular arrhythmias on ambulatory monitoring or stress testing <input type="checkbox"/> Clinically significant heart block or conduction abnormalities on ambulatory monitoring <input type="checkbox"/> New-onset heart failure and no known history of coronary artery disease (CAD) <input type="checkbox"/> None of the above
<b>Question 4</b>	<b>Does the patient have any of the following?</b> <input type="radio"/> Normal coronary angiogram or CCTA within the last two years with no stenosis or plaque <input type="radio"/> Normal stress test within the last year <input type="radio"/> None of the above



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Fill out the following section ONLY if submitting for any of the following: **Atrial Fibrillation**

<b>Question 1</b>	<b>Is this patient a candidate for receiving ablation of atrial fibrillation?</b> <input type="radio"/> Yes, they will be receiving ablation of atrial fibrillation in the next three months <input type="radio"/> No, the patient has already received ablation of atrial fibrillation <input type="radio"/> No, the patient is not a candidate for ablation of atrial fibrillation
<b>Question 2</b>	<b>Which clinical condition below needs evaluation?</b> <input type="checkbox"/> Atrioesophageal fistula <input type="checkbox"/> Pulmonary vein stenosis <input type="checkbox"/> Visualization of cardiac veins for cardiac resynchronization therapy (CRT) <input type="checkbox"/> Pulmonary vein anatomy/left atrial anatomy before ablation <input type="checkbox"/> None of the above
<b>Question 3</b>	<b>Has another advanced imaging been requested for the same indication?</b> <input type="radio"/> Yes <input type="radio"/> No

Fill out the following section ONLY if submitting for any of the following: **Atrial Flutter**

<b>Question 1</b>	<b>Which of the following findings were documented within the past six months?</b> <input type="checkbox"/> History of structural heart disease <input type="checkbox"/> Suspected incisional or scar mediated reentrant circuits <input type="checkbox"/> None of the above
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	Member ID	Date of birth (MM/DD/YYYY)

Fill out the following section ONLY if submitting for any of the following: **Atrial Fibrillation**

<b>Question 1</b>	<p>Is this patient a candidate for receiving ablation of atrial fibrillation?</p> <p><input type="radio"/> Yes, they will be receiving ablation of atrial fibrillation in the next three months</p> <p><input type="radio"/> No, the patient has already received ablation of atrial fibrillation</p> <p><input type="radio"/> No, the patient is not a candidate for ablation of atrial fibrillation</p>
<b>Question 2</b>	<p>Which clinical condition below needs evaluation?</p> <p><input type="checkbox"/> Atrioesophageal fistula</p> <p><input type="checkbox"/> Pulmonary vein stenosis</p> <p><input type="checkbox"/> Visualization of cardiac veins for cardiac resynchronization therapy (CRT)</p> <p><input type="checkbox"/> Pulmonary vein anatomy/left atrial anatomy before ablation</p> <p><input type="checkbox"/> None of the above</p>
<b>Question 3</b>	<p>Has another advanced imaging been requested for the same indication?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>

Fill out the following section ONLY if submitting for any of the following: **Atrial Flutter**

<b>Question 1</b>	<p>Which of the following findings were documented within the past six months?</p> <p><input type="checkbox"/> History of structural heart disease</p> <p><input type="checkbox"/> Suspected incisional or scar mediated reentrant circuits</p> <p><input type="checkbox"/> None of the above</p>
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<b>Patient Information</b>	First name	Last name
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Fill out the following section if submitting for any of the following: **Chest Pain, Coronary Artery Disease, Cardiomyopathies**

<b>Question 1</b>	<p>Does the patient have any of the following symptoms?</p> <table><tr><td><input type="checkbox"/> Chest pain that is substernal or retrosternal</td><td><input type="checkbox"/> Unexplained dyspnea on exertion</td></tr><tr><td><input type="checkbox"/> Chest pain provoked by exertion or an emotional event</td><td><input type="checkbox"/> Unexplained congestive heart failure</td></tr><tr><td><input type="checkbox"/> Chest pain relieved by rest or nitroglycerin</td><td><input type="checkbox"/> History of presyncope or syncope</td></tr><tr><td><input type="checkbox"/> Unexplained chest pain (or ischemic equivalent)</td><td><input type="checkbox"/> None of the above</td></tr><tr><td><input type="checkbox"/> Acute chest pain</td><td></td></tr></table>	<input type="checkbox"/> Chest pain that is substernal or retrosternal	<input type="checkbox"/> Unexplained dyspnea on exertion	<input type="checkbox"/> Chest pain provoked by exertion or an emotional event	<input type="checkbox"/> Unexplained congestive heart failure	<input type="checkbox"/> Chest pain relieved by rest or nitroglycerin	<input type="checkbox"/> History of presyncope or syncope	<input type="checkbox"/> Unexplained chest pain (or ischemic equivalent)	<input type="checkbox"/> None of the above	<input type="checkbox"/> Acute chest pain	
<input type="checkbox"/> Chest pain that is substernal or retrosternal	<input type="checkbox"/> Unexplained dyspnea on exertion										
<input type="checkbox"/> Chest pain provoked by exertion or an emotional event	<input type="checkbox"/> Unexplained congestive heart failure										
<input type="checkbox"/> Chest pain relieved by rest or nitroglycerin	<input type="checkbox"/> History of presyncope or syncope										
<input type="checkbox"/> Unexplained chest pain (or ischemic equivalent)	<input type="checkbox"/> None of the above										
<input type="checkbox"/> Acute chest pain											
<b>Question 2</b>	<p>Does the patient have any of the following findings or history?</p> <table><tr><td><input type="checkbox"/> Known CAD with less than 50% stenosis</td><td><input type="checkbox"/> Previous CABG surgery with suspicion of myocardial ischemia</td></tr><tr><td><input type="checkbox"/> Known CAD with stenosis equal to or greater than 50%</td><td><input type="checkbox"/> No known history of CAD</td></tr><tr><td><input type="checkbox"/> Previous coronary stenting (diameter greater than or equal to 3mm diameter)</td><td><input type="checkbox"/> None of the above</td></tr></table>	<input type="checkbox"/> Known CAD with less than 50% stenosis	<input type="checkbox"/> Previous CABG surgery with suspicion of myocardial ischemia	<input type="checkbox"/> Known CAD with stenosis equal to or greater than 50%	<input type="checkbox"/> No known history of CAD	<input type="checkbox"/> Previous coronary stenting (diameter greater than or equal to 3mm diameter)	<input type="checkbox"/> None of the above				
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<input type="checkbox"/> Known CAD with stenosis equal to or greater than 50%	<input type="checkbox"/> No known history of CAD										
<input type="checkbox"/> Previous coronary stenting (diameter greater than or equal to 3mm diameter)	<input type="checkbox"/> None of the above										
<b>Question 3</b>	<p>Is the patient being evaluated for a structural anomaly of the coronary artery?</p> <p><input type="radio"/> Yes      <input type="radio"/> No</p>										
<b>Question 4</b>	<p>Does the patient have a possible acute coronary syndrome without active chest pain?</p> <p><input type="radio"/> Yes      <input type="radio"/> No</p>										
<b>Question 5</b>	<p>Does the patient have any of the following?</p> <table><tr><td><input type="checkbox"/> Nontraumatic aortic disease</td><td><input type="checkbox"/> None of the above</td></tr><tr><td><input type="checkbox"/> Acute chest pain with suspected aortic dissection</td><td></td></tr></table>	<input type="checkbox"/> Nontraumatic aortic disease	<input type="checkbox"/> None of the above	<input type="checkbox"/> Acute chest pain with suspected aortic dissection							
<input type="checkbox"/> Nontraumatic aortic disease	<input type="checkbox"/> None of the above										
<input type="checkbox"/> Acute chest pain with suspected aortic dissection											
<b>Question 6</b>	<p>Has the patient had any of the following?</p> <table><tr><td><input type="radio"/> Normal coronary angiogram or CCTA within the last two years with no stenosis or plaque</td><td><input type="radio"/> None of the above</td></tr><tr><td><input type="radio"/> Normal stress test within the last year</td><td></td></tr></table>	<input type="radio"/> Normal coronary angiogram or CCTA within the last two years with no stenosis or plaque	<input type="radio"/> None of the above	<input type="radio"/> Normal stress test within the last year							
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<b>Patient Information</b>	First name	Last name
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Fill out the following section if submitting for any of the following: **Shortness of Breath**

<b>Question 1</b>	<p>Does the patient have any of the following symptoms?</p> <table><tr><td><input type="checkbox"/> Chest pain that is substernal or retrosternal</td><td><input type="checkbox"/> Unexplained shortness of breath or dyspnea on exertion</td></tr><tr><td><input type="checkbox"/> Chest pain provoked by exertion or an emotional event</td><td><input type="checkbox"/> Unexplained congestive heart failure</td></tr><tr><td><input type="checkbox"/> Chest pain relieved by rest or nitroglycerin</td><td><input type="checkbox"/> History of presyncope or syncope</td></tr><tr><td><input type="checkbox"/> Unexplained chest pain (or ischemic equivalent)</td><td><input type="checkbox"/> None of the above</td></tr><tr><td><input type="checkbox"/> Acute chest pain</td><td></td></tr></table>	<input type="checkbox"/> Chest pain that is substernal or retrosternal	<input type="checkbox"/> Unexplained shortness of breath or dyspnea on exertion	<input type="checkbox"/> Chest pain provoked by exertion or an emotional event	<input type="checkbox"/> Unexplained congestive heart failure	<input type="checkbox"/> Chest pain relieved by rest or nitroglycerin	<input type="checkbox"/> History of presyncope or syncope	<input type="checkbox"/> Unexplained chest pain (or ischemic equivalent)	<input type="checkbox"/> None of the above	<input type="checkbox"/> Acute chest pain	
<input type="checkbox"/> Chest pain that is substernal or retrosternal	<input type="checkbox"/> Unexplained shortness of breath or dyspnea on exertion										
<input type="checkbox"/> Chest pain provoked by exertion or an emotional event	<input type="checkbox"/> Unexplained congestive heart failure										
<input type="checkbox"/> Chest pain relieved by rest or nitroglycerin	<input type="checkbox"/> History of presyncope or syncope										
<input type="checkbox"/> Unexplained chest pain (or ischemic equivalent)	<input type="checkbox"/> None of the above										
<input type="checkbox"/> Acute chest pain											
<b>Question 2</b>	<p>Which of the following findings were documented at the most recent encounter?</p> <table><tr><td><input type="checkbox"/> History of CAD with symptoms on optimal guideline-directed medical therapy (GDMT) or documented intolerance to GDMT.</td><td><input type="checkbox"/> New onset of heart failure with an undetermined etiology</td></tr><tr><td></td><td><input type="checkbox"/> None of the above</td></tr></table>	<input type="checkbox"/> History of CAD with symptoms on optimal guideline-directed medical therapy (GDMT) or documented intolerance to GDMT.	<input type="checkbox"/> New onset of heart failure with an undetermined etiology		<input type="checkbox"/> None of the above						
<input type="checkbox"/> History of CAD with symptoms on optimal guideline-directed medical therapy (GDMT) or documented intolerance to GDMT.	<input type="checkbox"/> New onset of heart failure with an undetermined etiology										
	<input type="checkbox"/> None of the above										
<b>Question 3</b>	<p>If the patient has shortness of breath, do they have any of the following in addition?</p> <table><tr><td><input type="checkbox"/> Inconclusive stress test</td><td><input type="checkbox"/> Congenital Heart Disease (known or suspected)</td></tr><tr><td><input type="checkbox"/> Uninterpretable ECG</td><td><input type="checkbox"/> None of the above</td></tr><tr><td><input type="checkbox"/> Inability to exercise</td><td><input type="checkbox"/> Not applicable, the patient does not have shortness of breath.</td></tr></table>	<input type="checkbox"/> Inconclusive stress test	<input type="checkbox"/> Congenital Heart Disease (known or suspected)	<input type="checkbox"/> Uninterpretable ECG	<input type="checkbox"/> None of the above	<input type="checkbox"/> Inability to exercise	<input type="checkbox"/> Not applicable, the patient does not have shortness of breath.				
<input type="checkbox"/> Inconclusive stress test	<input type="checkbox"/> Congenital Heart Disease (known or suspected)										
<input type="checkbox"/> Uninterpretable ECG	<input type="checkbox"/> None of the above										
<input type="checkbox"/> Inability to exercise	<input type="checkbox"/> Not applicable, the patient does not have shortness of breath.										
<b>Question 4</b>	<p>Has the patient had any of the following?</p> <table><tr><td><input type="checkbox"/> Normal coronary angiogram or CCTA within the last two years with no stenosis or plaque</td><td><input type="checkbox"/> None of the above</td></tr><tr><td><input type="checkbox"/> Normal stress test within the last year</td><td></td></tr></table>	<input type="checkbox"/> Normal coronary angiogram or CCTA within the last two years with no stenosis or plaque	<input type="checkbox"/> None of the above	<input type="checkbox"/> Normal stress test within the last year							
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Fill out the following section if submitting for any of the following: **Adult Congenital Heart Disease**

<b>Question 1</b>	<b>Does the patient have any of the following documented within the past six months?</b> <input type="checkbox"/> Unexplained chest pain <input type="checkbox"/> Unexplained congestive heart failure <input type="checkbox"/> Acute chest pain <input type="checkbox"/> Presyncope or syncope <input type="checkbox"/> Unexplained dyspnea <input type="checkbox"/> None of the above
<b>Question 2</b>	<b>Is this a request for evaluation of any of the following?</b> <input type="checkbox"/> d-TGA repaired with an arterial switch procedure <input type="checkbox"/> Suspected supra-ventricular aortic stenosis with possible symptoms of coronary artery disease <input type="checkbox"/> A suspected anomaly of the coronary arteries <input type="checkbox"/> Preoperative assessment of the coronary arteries before valve surgery <input type="checkbox"/> Williams syndrome with possible symptoms of coronary ischemia <input type="checkbox"/> None of the above
<b>Question 3</b>	<b>Is the patient scheduled for a valve surgery (e.g., transcatheter aortic valve implantation, valve replacement, or repair) in the next three months?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Question 4</b>	<b>Does the patient have any of the following?</b> <input type="checkbox"/> Known or suspected allergy to contrast media <input type="checkbox"/> Pregnancy <input type="checkbox"/> Known or suspected renal insufficiency <input type="checkbox"/> None of the above

Fill out the following section if submitting for any of the following: **Valvular Heart Disease**

<b>Question 1</b>	<b>Which of the following findings were documented at the most recent encounter?</b> <input type="checkbox"/> Need for preoperative assessment of the coronary arteries before valve surgery <input type="checkbox"/> Moderate to severe chronic mitral regurgitation that may be due to ischemia <input type="checkbox"/> Need for preoperative assessment of the coronary arteries before transcatheter aortic valve implantation (TAVR) <input type="checkbox"/> None of the above
<b>Question 2</b>	<b>Has the patient had a recent (last six months) cardiac catheterization, a coronary angiogram, or coronary computed tomographic angiography (CCTA)?</b> <input type="radio"/> Yes <input type="radio"/> No
<b>Question 3</b>	<b>Does the patient have any of the following?</b> <input type="checkbox"/> Non-rate controlled atrial fibrillation <input type="checkbox"/> Current Pregnancy <input type="checkbox"/> Allergy to contrast media <input type="checkbox"/> Current use of metformin <input type="checkbox"/> Renal insufficiency <input type="checkbox"/> None of the above



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Fill out the following section if submitting for any of the following: **Heart Block**

<b>Question 1</b>	<b>Which of the following findings were documented at the most recent encounter?</b> <input type="checkbox"/> Chest pain that is substernal or retrosternal <input type="checkbox"/> Chest pain provoked by exertion or an emotional event <input type="checkbox"/> Chest pain relieved by rest or nitroglycerin <input type="checkbox"/> Unexplained chest pain (or ischemic equivalent) <input type="checkbox"/> Acute chest pain <input type="checkbox"/> Unexplained dyspnea on exertion <input type="checkbox"/> Unexplained congestive heart failure <input type="checkbox"/> History of presyncope or syncope <input type="checkbox"/> None of the above
<b>Question 2</b>	<b>Is the patient intermediate or high-risk?</b> <input type="radio"/> Yes, the patient is having intermediate or high-risk non-cardiac surgery. <input type="radio"/> Yes, the patient is intermediate or high clinical risk for surgery. <input type="radio"/> No, neither of the above options apply to this patient.
<b>Question 3</b>	<b>Does the patient have any of the following?</b> <input type="checkbox"/> Poor (less than 4 METS) or unknown functional capacity <input type="checkbox"/> Unable to complete exercise stress testing <input type="checkbox"/> Unable to complete pharmacologic stress testing <input type="checkbox"/> Previous functional or structural CAD testing (e.g., stress test) with abnormal or inconclusive results <input type="checkbox"/> None of the above
<b>Question 4</b>	<b>Is the patient being evaluated for any of the following?</b> <input type="checkbox"/> Coronary artery anomaly <input type="checkbox"/> Structural heart disease (suspected but not yet confirmed by previous testing) in the setting of bradycardia or bundle branch block <input type="checkbox"/> None of the above
<b>Question 5</b>	<b>Has the patient had any of the following?</b> <input type="checkbox"/> Normal coronary angiogram or CCTA within the last two years with no stenosis or plaque <input type="checkbox"/> Normal stress test within the last year <input type="checkbox"/> None of the above



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Fill out the following section if submitting for any of the following: **Preoperative Evaluation**

<b>Question 1</b>	<b>Which category of surgical procedure is the patient undergoing?</b> <input type="checkbox"/> Low (<1%) risk (e.g., cataract surgery, breast surgery, rotator cuff repair, laparoscopic appendectomy) <input type="checkbox"/> Intermediate (1-5%) risk (e.g., head and neck surgery, prostate surgery, orthopedic surgery) <input type="checkbox"/> High (>5%) risk (e.g., major intra-abdominal vascular surgery, open cholecystectomy, open hernia repair) <input type="checkbox"/> Emergency surgery
<b>Question 2</b>	<b>Is the patient at elevated (moderate to high, &gt;1%) clinical risk for non-cardiac surgery?</b> <input type="radio"/> Yes <input type="radio"/> No
<b>Question 3</b>	<b>Does the patient have poor (&lt;4 METS) or unknown functional capacity?</b> <input type="radio"/> Yes <input type="radio"/> No
<b>Question 4</b>	<b>Is the patient unable to have either exercise or pharmacologic stress testing</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Question 5</b>	<b>Has the patient had any of the following?</b> <input type="radio"/> Normal coronary angiogram or CCTA within the last two years with no stenosis or plaque <input type="radio"/> Normal stress test within the last year <input type="radio"/> None of the above
<b>Question 6</b>	<b>Which of the following findings were documented at the most recent encounter?</b> <input type="checkbox"/> Chest pain that is substernal or retrosternal <input type="checkbox"/> Chest pain provoked by exertion or an emotional event <input type="checkbox"/> Chest pain relieved by rest or nitroglycerin <input type="checkbox"/> Unexplained chest pain (or ischemic equivalent) <input type="checkbox"/> Unexplained dyspnea on exertion <input type="checkbox"/> Acute chest pain <input type="checkbox"/> None of the above
<b>Question 7</b>	<b>Does the patient have any of the following symptoms, conditions, or defects?</b> <input type="checkbox"/> Ventricular paced rhythm <input type="checkbox"/> Ventricular tachycardia <input type="checkbox"/> Unexplained congestive heart failure <input type="checkbox"/> Segmental wall motion abnormalities at rest (e.g., cardiomyopathy, recent MI) <input type="checkbox"/> Chest pain <input type="checkbox"/> Congenital heart disease and/or structural heart disease <input type="checkbox"/> None of the above
<b>Question 8</b>	<b>Does previous stress testing indicate any of the following abnormal findings?</b> <input type="radio"/> Abnormal stress test findings <input type="radio"/> Stress testing results discordant with prior testing <input type="radio"/> Technical difficulties or inconclusive results with prior stress testing <input type="radio"/> No previous functional testing was performed <input type="radio"/> Testing was completed but none of the above was indicated