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Springfield Central

 Shop 8,
 95 Southern Cross Cct,
 Springfield Central
 QLD 4300

Cardiac CT Referral Form

Patient Details

Surnames

Given Names

DOB

Email

Address

Clinical Indicators & Relevant History

Phone / Mobile Number

Medicare Number

WorkCover Claim Number

Examination Requested

 CTCA

Please select indications below:

- CT Coronary Angiogram
- CT Coronary Calcium Score
- Chest pain or discomfort
- Coronary Artery Disease
- Abnormal or inconclusive stress test
- Pre-operative assessment (cardiac risk evaluation)
- Follow-up after stent or bypass surgery
- Strong family history of early heart disease
- CTCA
- Other Studies _____

- Recent renal function within last three (3) months required for booking a CTCA (not required for CAC only).

Creatinine: _____ Date: _____

eGFR/CrCl: _____ Date: _____

Medical History

 Prior myocardial infarct

 Currently taking ACE inhibitor

 Prior coronary stent/angioplasty

 Pacemaker

 Coronary bypass graft

 Diabetes

 Heart failure

 Renal impairment

 Currently on beta-blockers/

 Myeloma

anti-arrhythmics

Medical History

Specialist Referral (Medicare eligible)

 One of the following criteria must be present: *Please select indications below:*

- Patient has stable symptoms consistent with coronary ischaemia, is at low to intermediate risk of coronary artery disease and would have been considered for invasive coronary angiography.
- Patient requires exclusion of coronary artery anomaly or fistula.
- Evaluation of coronary arteries prior to non-coronary cardiac surgery.

Referring Doctor Details

Doctor Name:

Provider Number:

Address:

Phone:

Signature:

Fax:

Date:

Send Copy To: