

Spectrum cardiac imaging



Website: www.spectrumradiology.com.au

Electronic results: www.smipacs.com.au

PATIENT INFORMATION

NAME:	D.O.B.	MOBILE:
ADDRESS:		HOME/WORK:
GENERAL PRACTITIONER:		MEDICARE NUMBER:
CARDIOLOGIST (if not referring Specialist)		

EXAMINATION REQUIRED

<input type="checkbox"/> CTCA with calcium score	<input type="checkbox"/> CTCA without calcium score	<input type="checkbox"/> Cardiac MRI
<input type="checkbox"/> Calcium Score only	<input type="checkbox"/> TAVI Workup	<input type="checkbox"/> Other: _____

CTCA	MRI
<p>Medicare eligible scan (57360) NO time restriction Stable or acute symptoms of coronary ischaemia, the patient is at low to intermediate risk of an acute coronary event and;</p> <p><input type="checkbox"/> Has no known obstructive coronary disease but meets MBS criteria for coronary angiography (invasive); or</p> <p><input type="checkbox"/> Has known obstructive coronary artery disease</p> <p>Medicare eligible scan (57360) Once every 5 years</p> <p><input type="checkbox"/> Stable or acute symptoms of coronary ischaemia, the patient is at low to intermediate risk of an acute coronary event and no obstructive coronary artery disease detected on a previous CTCA</p> <p>Medicare eligible scan (57364) NO time restriction</p> <p><input type="checkbox"/> Stable symptoms and newly recognised LV systolic dysfunction of unknown aetiology; or</p> <p><input type="checkbox"/> Requires exclusion of coronary artery anomaly or fistula; or</p> <p><input type="checkbox"/> Undergoing non-coronary cardiac surgery; or</p> <p><input type="checkbox"/> Meets MBS criteria for invasive angiography to assess patency of bypass grafts</p> <p><input type="checkbox"/> Non- Medicare eligible scan</p>	<p>Medicare eligible scan</p> <p><input type="checkbox"/> ARVC is suspected on the basis of diagnostic criteria endorsed by the Cardiac Society of Australia and New Zealand (CSANZ), currently in force and:</p> <ul style="list-style-type: none"> • Symptoms consistent with arrhythmogenic right ventricular cardiomyopathy (ARVC), or • Investigate findings consistent with ARVC <p>Non- Medicare eligible scan</p> <p><input type="checkbox"/> _____</p> <p>_____</p> <p>_____</p>

ADDITIONAL HISTORY

<p>PRECAUTIONS Please inform us at the time of booking if any of the below boxes are ticked, as the scan may not be possible.</p> <p><input type="checkbox"/> Atrial Fibrillation / High Grade Ectopy</p> <p><input type="checkbox"/> Advanced Heart Block</p> <p><input type="checkbox"/> Contraindication to Beta Blockers</p> <p><input type="checkbox"/> Pacemaker</p> <p><input type="checkbox"/> Metallic Implant or Fragment</p> <p><input type="checkbox"/> Claustrophobia</p> <p><input type="checkbox"/> Weight >120kg</p> <p><input type="checkbox"/> Impaired Renal Function</p>	<p>ALLERGIES</p> <p><input type="checkbox"/> Iodine</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p>	<p>PRETREATED WITH BETA BLOCKERS</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
		<p>RISK FACTORS</p> <p><input type="checkbox"/> Family History <input type="checkbox"/> Hypertension</p> <p><input type="checkbox"/> <60 <input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Hyperlipidaemia <input type="checkbox"/> Smoker</p>
		<p>CURRENT MEDICATIONS</p> <p><input type="checkbox"/> Beta Blocker <input type="checkbox"/> Amiodarone</p> <p><input type="checkbox"/> Digoxin <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Antiarrhythmic Calcium channel blocker</p>

Referring Doctor		These sections MUST be completed.	
Name:		Provider no:	
Address:		Speciality:	
		Phone:	
		Fax:	
Signature:		Date:	

