

NORTH SHORE RADIOLOGY & NUCLEAR MEDICINE

CARDIAC IMAGING REQUEST FORM

NAME		DOB		DATE	
CLINICAL NOTES					
RISK FACTORS <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/> Smoker <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Family History					
CARDIOVASCULAR HISTORY <input type="checkbox"/> CABG or stents <input type="checkbox"/> Known CAD <input type="checkbox"/> Previous stroke/other vascular disease					
RECENT CR/EGFR: <input type="checkbox"/> Y <input type="checkbox"/> N				DATE	
SPECIALIST REFERRED CTCA			OTHER CARDIAC / NON-CARDIAC CT		
Medicare Eligible (MBS item no 57360). The referrer must be a SPECIALIST or CONSULTANT PHYSICIAN and the patient must meet 1 of the 3 criteria below: <input type="checkbox"/> Patient has stable symptoms consistent with coronary artery ischemia. Is at low to intermediate risk of coronary disease and would have been considered for coronary angiography or: <input type="checkbox"/> Patient requires exclusion of coronary artery anomaly or fistula or: <input type="checkbox"/> Patient will be undergoing non coronary cardiac surgery NON-MEDICARE ELIGIBLE / GP REFERRED CTCA \$600			<input type="checkbox"/> Pulmonary Venogram <input type="checkbox"/> Calcium Score Only <input type="checkbox"/> TAVI (If specific phases needed, please note): <input type="checkbox"/> Gated Thoracic Angiogram		
SESTAMIBI / MYOCARDIAL PERFUSION IMAGING					
BOX A: STUDY TYPE					
<input type="checkbox"/> Stress (treadmill exercise)		<input type="checkbox"/> Persantin / pharmacological (note contraindicated in moderate/severe asthma)		<input type="checkbox"/> Dobutamine (done only at RNSH)	
For MBS eligibility, BOTH BOX B & C must be ticked					
BOX B: CLINICAL INDICATION					
<input type="checkbox"/> Preoperative assessment in patients with at least ONE of: IHD, prior AMI, CCF, CVA/TIA, renal dysfunction (Cr> 70 umol/l), diabetic on insulin					
<input type="checkbox"/> Suspected angina		<input type="checkbox"/> Post congenital heart surgery		<input type="checkbox"/> Known CAD with suspected ischemia	
<input type="checkbox"/> Abnormal resting ECG Suggesting ischaemia		<input type="checkbox"/> Lesion shown on CTCA or angiography		<input type="checkbox"/> Suspected painless ischaemia	
<input type="checkbox"/> Quantify extent/severity of known CAD		<input type="checkbox"/> Viable myocardium assessment		<input type="checkbox"/> Suspected perfusion abnormality in patients with language or cognitive barrier	
BOX C: REASON MPI PREFERRED MPI preferred over stress echo due to:					
<input type="checkbox"/> Unlikely to exercise adequately			<input type="checkbox"/> Body habitus/physical condition(s) which could limit echo		
<input type="checkbox"/> Prior failed stress echo			<input type="checkbox"/> Abnormal heart rhythm which could limit echo		
BOX D: MEDICATION PREPARATION For this patient, please:					
<input type="checkbox"/> withhold cardiac medications <input type="checkbox"/> β blockers 48hrs <input type="checkbox"/> Ca^{2+} blockers 24hrs <input type="checkbox"/> β blockers 24hrs <input type="checkbox"/> Nitrate AM of test		<input type="checkbox"/> Do not withhold cardiac medications		<input type="checkbox"/> Other (specify): _____ _____	
CARDIAC MRI					
MEDICARE ELIGIBLE (SPECIALIST REFERRAL ONLY):			NON MEDICARE ELIGIBLE:		
Cardiac MRI for the assessment and/or exclusion of: <input type="checkbox"/> Congenital Disease of the heart or great vessels (63385) <input type="checkbox"/> Tumour of the heart or great vessel (63388) <input type="checkbox"/> Abnormality of the thoracic aorta (63391) <input type="checkbox"/> Symptomatic ARVC (63395) <input type="checkbox"/> Asymptomatic ARVC (with a first degree relative with ARVC (63397) Only once every 3 years <input type="checkbox"/> Myocarditis associated with mRNA COVID-19 Vaccination (Only applicable until the end of 2022)			<input type="checkbox"/> Myocarditis <input type="checkbox"/> Infarction, viability +/- ischaemia <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Infiltrative diseases <input type="checkbox"/> Other		
Referrer name (specialist):			Provider no:		
Ph:		Fax:		Signature:	
Address:				Date: / /	
			CC report:		

NORTH SHORE RADIOLOGY & NUCLEAR MEDICINE



LOCATIONS:

Please take note of the location of your appointment when booking

☐ North Shore Radiology & Nuclear Medicine

North Shore Private Hospital - Ground Floor, Westbourne Street, St Leonards NSW 2065

Tel (02) 9170 4500 • Fax (02) 9170 4577

Parking information:

Multi-storey Carparks: P1 & P2 access via Westbourne Street or Reserve Road. Metered street parking: available along Westbourne Street.

☐ North Shore Health Hub

7 Westbourne St, St. Leonards, NSW, 2065

Tel (02) 9170 4500 • Fax (02) 9170 4577

Parking information:

Metered parking is available on Westbourne Street. There is paid parking available underneath the North Shore Health Hub to the right of the entrance to the Health Hub on Westbourne Street. Paid parking also available as marked on the map as P1 & P2 closer to the public and private hospitals but still within walking distance to the Health Hub.

IMPORTANT PREPARATION DETAILS

- Please bring a list of all your current medications and any previous imaging for comparisons.
- Please do not bring small children with you

MRI

- If you are claustrophobic or have required sedation for prior scans, please advise us and bring a relative or friend who can drive you home.
- Bring your medicare / DVA card

SESTAMIBI / MYOCARDIAL PERFUSION IMAGING

General:

- If you are pregnant or breast feeding please tell a staff member when booking.
- Bring all medication to the test.
- No food but plenty of water on the morning of the test.
- Wear warm, comfortable clothing
- No Talc or body lotion on chest as ECG dots will not stick.

Medications:

- If you have asthma please tell staff when booking and bring asthma medication to the test
- Please ensure you follow the advice of your doctor regarding withholding of any medications prior to the study.

See below if you are diabetic:

- If you are diabetic, please tell a staff member when booking
- If you are diabetic and not taking insulin, do not take diabetic medication on the morning of the test, do not have breakfast.
- If you are diabetic and taking insulin take ½ dose on the morning of the test with a light breakfast at 6am.

If no notification of appointment cancelation is received you may be charged a tracer cost

CTCA

- Pre-Medication Regimen – Ideal Heart Rate <65 bpm
- Take Metoprolol 25-100mg night before and 8am morning of CTCA, prescribed by referrer

OR

- Continue Beta Blockers as prescribed

Please ensure you have completed the below (tick once complete):

- ☐ Take ALL normal morning medications
- ☐ No food 2 hours if possible (Note: drink water on the day to keep hydrated)
- ☐ No caffeine, coffee, tea, energy drinks, chocolate for 24 hours prior to CTCA
- ☐ No Cialis, Viagra, Levitra or similar for 48 hours prior to CTCA