



## Heart Vision @ St George's Radiology

A joint venture between Christchurch Radiology Group & Heart Centre Ltd

PATIENT DETAILS		URGENCY	
Patient's Name: _____	D.O.B. _____	Scan required before / on _____	
Address: _____	Phone: (Day) _____		
NHI: _____	Ref. File No.: _____		
EXAMINATION		RISK STRATIFICATION	
<b>CCTA (Cardiac CT Angiography)</b>		<input type="checkbox"/> Intermediate with no symptoms <input type="checkbox"/> Intermediate with atypical symptoms <input type="checkbox"/> Inconclusive non-invasive stress test <input type="checkbox"/> Previous CABG and atypical pain <input type="checkbox"/> Suspected coronary artery anomaly	
CLINICAL DETAILS			
Does this referral conform to the Southern Cross Affiliated Provider guidelines ? <input type="checkbox"/>			
Referrer _____	Signature _____		
Copy to _____	Date _____		
DOES THE PATIENT HAVE ANY OF THE FOLLOWING?		<i>This section must be completed for all referrals</i>	
Renal impairment	Yes <input type="checkbox"/> No <input type="checkbox"/>	GFR: _____	GFR Date: _____
Cardiac pacemaker/ICD	Yes <input type="checkbox"/> No <input type="checkbox"/>	Height cm: _____	Weight kg: _____
AF/Arrhythmia	Yes <input type="checkbox"/> No <input type="checkbox"/>	Resting Ht Rate (beats/min) = _____	
Metallic heart valve	Yes <input type="checkbox"/> No <input type="checkbox"/> _____	Where ?	
Contraindication to B-Blocker	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Known CAD/prior M	Yes <input type="checkbox"/> No <input type="checkbox"/> _____	Territory ?	
Coronary artery stent(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
CABG	Yes <input type="checkbox"/> No <input type="checkbox"/> _____	RIMA LIMA Saphenous Arterial Redo	
Patient information and consent form available at: <a href="http://www.crg.co.nz">www.crg.co.nz</a> under "forms"/ "CCTA info & consent" Please fax this form to Heart Vision, 03 355 2173. Our staff will phone the patient and arrange a convenient appointment time.			
CONTACT DETAILS:			
Heart Vision @ St Georges Radiology, 137 Leinster Rd, Strowan, Christchurch 8014. Phone: 03 355 6073 Fax: 03 355 2173			