



CT CORONARY ANGIOGRAM / CARDIAC CT

Patients Name	D.O.B	Referrer Name / Signature
Address	NHI	
	Phone	
Clinical Details		Copy to
		Scan Urgency

CLINICIAN CHECKLIST (COMPLETE FOR ALL PATIENTS)

<input type="checkbox"/> Pacemaker or ICD	Resting heart rate:	Age years:
<input type="checkbox"/> AF or arrhythmia	Contraindication to GTN spray? <input type="checkbox"/> Yes <input type="checkbox"/> No	Height cm:
<input type="checkbox"/> Coronary stents or CABG	Contraindication to B-Blocker? <input type="checkbox"/> Yes <input type="checkbox"/> No	Weight kg:
Details:		GFR:
		Date of GFR:

APPROPRIATENESS CRITERIA (ONLY REQUIRED FOR SOUTHERN CROSS HEALTH INSURANCE)

- Chest pain or other cardiac symptoms suggesting CAD, with a low or intermediate pre-test probability of CAD when exercise or pharmacologic stress testing is not possible or contraindicated.
- Recent exercise treadmill test for the investigation of suspected CAD symptoms with result that cannot be interpreted or is equivocal.
- Unequivocally negative exercise test with ongoing symptoms strongly suggestive of ischemia.
- Preoperative assessment of coronary arteries prior to elective cardiac valve or aortic aneurysm surgery.
- Suspected mass or other morphologic abnormality of the heart, pericardium or great vessels on echo.
- New onset heart failure or dilated cardiomyopathy previously evaluated by echo, where ischemia is suspected aetiology.
- Symptomatic (ischemic equivalent) or evidence of major silent ischemia following CABG. CTCA for evaluation of graft patency.
- Chronic total occlusion (CTO) for definitive intervention. CTCA to help determine the most appropriate therapeutic approach.
- Post revascularization following coronary angioplasty involving stent placement in the left main coronary artery. CTCA in lieu of an angiogram.