Vancouver CoastalHealth

Cardiac CT Referral

Fax: **236-429-3676**
Phone: 604-875-4780

Demographic Label

Referring Provider:_____ CC:_____
Referral Date: _____ Telephone Number: _____

CONTRAINDICATIONS DO NOT PROCEED

- ☐ Stent less than 3.5mm
- ☐ GFR less than 30
- ☐ Atrial Fib, irregular rhythm
- ☐ Contrast Allergy - Anaphylaxis
- ☐ Weight greater than 350lbs (159 kg)

Call CT Attending to Discuss Alternatives

Recent Functional Tests: (circle)

- ☐ Stress ECG: Pos/Neg/Inconclusive
- ☐ Stress MIBI: Pos/Neg/Inconclusive
- ☐ Stress Echo: Pos/Neg/Inconclusive

Relevant Cardiac History:

- ☐ Prior PCI
- ☐ Prior CABG
- ☐ Prior MI

Primary Indication (One):

- ☐ Atypical Angina
- ☐ Typical Angina
- ☐ Non-diagnostic non-inv test
- ☐ Asymptomatic, risk factors (Ca Score Only)
- ☐ Other: _____

Procedure Requested:

- ☐ Coronary CT Angio
- ☐ Cardiac Function Analysis
- ☐ Ca Score
- ☐ Other: _____

What is the desired info from this CT Exam:

Important Information: **IF INCOMPLETE DATA, REQUISITION WILL BE RETURNED**

- ☐ Rhythm NSR — If not NSR: _____
- ☐ Atrial Fibrillation
- ☐ Pacemaker — Pacer Make: _____ Model: _____ Lower Rate: _____
- ☐ Diabetic — ☐ On Metformin
- ☐ Renal Function — GFR: _____ ____ MN ____ DY_____ YR Creat:____ ____ MN ____ DY_____ YR
- ☐ Kidney Disease — IF GFR > 30 mL/min/1.73m² No need for hydration

IF GFR < 30 mL/min/1.73m² Consider alternative diagnostic pathway

- ☐ Contrast Allergy — Symptoms: _____
  Minor (rash): Pretreat with second-generation antihistamine

- ☐ Beta-Blocker Provided — Metoprolol 50mg PO x2 (Night before exam, and one hour prior to arrival on day of exam)
- ☐ Beta Blocker Contraindicated
  - ☐ Pre-existing Bradycardia
  - ☐ Adequate, Existing Beta-Block
  - ☐ Asthma
  - ☐ 2nd or 3rd Degree block
  - ☐ Profound Weakness
  - ☐ Other: _____

Provider Name: _____

- ☐ **Consult Note Included**

Provider Signature: _____

MSP: _____