



FAMILY NAME		MRN
GIVEN NAME		MALE FEMALE
D.O.B. ____/____/____	M.O.	
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Facility:

CARDIOLOGY REFERRAL

Referring Dr		Provider No.	
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Public Nepean Private Private Veterans Affairs Interpreter Required (Language _____)

Inpatient at
Lithgow Blue Mountains Hawkesbury Other _____

Booking Process

For interhospital transfers, requesting Dr MUST confirm booking with angiography registrar (**Ph 4734 2000 page 26115**)
Preparation checklist completed (See over)
Email booking form to angiography secretary at **NBMLHD-CathLabReferrals@health.nsw.gov.au**
Phone Cardiology secretary for next available appointment (**Ph 4734 3060**)

Angiography Procedures

Coronary Angiography with possible PCI
**Bypass graft study (CABG)
****MUST HAVE OPERATION REPORT ATTACHED**
Coronary Angiography only
Booked PCI Simple Complex
Right heart study

Approach

Radial Femoral

Device Implantation

PPM	ICD
PPM box change	ICD box change
Dual	Single
BIV PPM	Loop Recorder Removal
BIV ICD	Loop Recorder Insertion
Other _____	

Electrophysiology Procedures

Radiofrequency ablation (RFA)
Electrophysiology study (EPS)

Other Procedures

DC Cardioversion	ECG
TOE + Cardioversion	TOE

CONFIRM CONSENT FORM HAS BEEN SIGNED?
YES

CONFIRM BLOOD TESTS HAVE BEEN DONE?
YES

(IF CONSENT FORM AND/OR BLOOD TESTS HAVE NOT BEEN ATTENDED, BOOKING IS UNABLE TO PROCEED)

Dr H. Hallani	Dr C Fernandes	Dr D. Parikh
Dr D. Coulshed	Dr S. Burgess	Dr G. Shalaby
Dr F. Pathan	Prof. K. Negishi	Dr R. Amor
Cath Lab Duty Doctor		



Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING



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Condition and history – ALL PATIENTS

Current Medications _____

 Allergies _____
 Indication for procedure & relevant medical history _____

 Current pathology results (< 1 month) Date collected _____
 Na _____ K _____ Urea _____ CR _____ eGFR _____ Hb _____ INR _____

Angiography Procedures– Preparation

Allergic to iodine	No	Yes – oral dexamethasone 8mg BD 48hrs prior
On warfarin	No	Yes – cease 4 days prior
Creatinine >120mmol/L	No	Yes – consult proceduralist for preparation
On insulin	No	Yes – omit short-acting & pre-mixed insulin morning of procedure
On Metformin	No	Yes – if renal impairment omit 24hrs prior & 48hrs post
PVD or vascular surgery	No	Yes – Details _____
PCI prior	No	Yes – Report attached (Please circle YES / NO)
CABG prior	No	Yes – MUST have a CABG operaybn report attached
MI prior	No	Yes
CCF prior	No	Yes

Able to lie flat	Yes	No
General anaesthetic required	Yes	No
Bleeding risk	Low	Medium High

Electrophysiology or Device Implantation Procedures - Preparation

On warfarin/NOAC	No	Yes – cease 3 days prior
On insulin	No	Yes – omit short-acting & pre-mixed insulin morning of procedure

Able to lie flat	Yes	No
Chronic back pain	Yes	No
General anaesthetic required	Yes	No

For EPS/RFA only –
 Omit Amiodarone 30 days prior to procedure.
 Omit all other antiarrhythmics 7 days prior to procedure

TOE +/- Cardioversion – Preparation

GA needed (GA required for all OSA patients)

On NOAC	No	Yes
On warfarin	No	Yes – INR required <3 days prior to procedure
On insulin	No	Yes – omit short-acting & pre-mixed insulin morning of procedure
TTE attended	No	Yes – LV function _____%

Form completed by (print name) _____ Phone _____
 Signature _____
 Faxed (date/ time) _____
 Spoke with Cardiology registrar (name/date/time) _____

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