Mackenzie Health

Mackenzie Richmond Hill Hospital
10 Trench Street, Richmond Hill ON L4C 4Z3
905-883-1212

Cortellucci Vaughan Hospital
3200 Major Mackenzie Drive West, Vaughan ON L6A 4Z3
905-417-2000

Patient label here

CT Coronary Angiography Requisition

Telephone: 905-883-1212 Ext 2004 **Fax:** 905-883-2096

MRN: _____

Patient Information

Patient Name: *(Print Last, First)*

Address:

Health Card Number: Version Number:

Date of Birth: *(dd/mm/yyyy)* Patient Weight: kg

Primary Phone Number: ( ) ☐ Cell ☐ Home ☐ Work ( )

Please list all the patient's current medication:

Clinical Information

History of CABG: ☐ Yes ☐ No If Yes, specify: _____

History of Coronary Stent(s) Insertion: ☐ Yes ☐ No If Yes, specify: _____

Diagnostic Question/ Clinical History: _____

_____

Please include the following, if available: 12 Lead ECG +/- rhythm strip, results of prior exams, results of prior exams (e.g. echo, stress tests), relevant consultation letters.

RENAL RISK FACTORS

☐ No Hx of Renal Disease

☐ Hx of Renal Disease and not on Dialysis

eGFR within last 6 months: _____, date _____*(dd/mm/yyyy)*

Date of bloodwork: _____ *(dd/mm/yyyy)* Creatinine _____ umol/L eGFR

If patient is on Hemodialysis, provide schedule (i.e., MWF 14:00 hrs): _____

Does the patient speak fluent English? ☐ Yes ☐ No

☐ **ALLERGY to CONTRAST**

Pre-Medication will be required for patients with previous allergic reactions to contrast.

Contraindications to CT Coronary Angiogram

Is patient currently in atrial fibrillation ☐ Yes ☐ No

Is patient pregnant ☐ Yes ☐ No

Has the patient been informed that sedation may be required and that they may need alternate transportation? ☐ Yes

Contraindications to Metoprolol

Allergy to metoprolol ☐ Yes ☐ No

AV Heart Block ☐ Yes ☐ No

Grade IV left ventricle ☐ Yes ☐ No

Hospital admission in past 6 months for CHF/COPD/Asthma or regular use of puffers ☐ Yes ☐ No

pulmonary arterial hypertension ☐ Yes ☐ No

Contraindications to Nitroglycerin

Allergy to nitroglycerin ☐ Yes ☐ No

Aortic stenosis ☐ Yes ☐ No

Severe anemia ☐ Yes ☐ No

Closed angle glaucoma ☐ Yes ☐ No

Increased intracranial pressure ☐ Yes ☐ No

Recent myocardial infarction ☐ Yes ☐ No

Has the patient been informed to abstain from PDE-5 inhibitors (e.g., Viagra, Cialis, Levitra) for 48 hours prior to appointment? ☐ Yes

Referring Physician Information

Referring Physician: *(print)* Referring Physician Signature:

Additional Reports To: