Health
Nepean Blue Mountains
Local Health District

Facility:

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION / WARD	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

CARDIOLOGY REFERRAL

Referring Dr		Provider No.	

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 Angiogarphy 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 abla ion (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 D. Coulshed
Dr F. Pathan
Cath Lab Duty Doctor
Dr C Fernandes
Dr S. Burgess
Prof. K. Negishi
Dr D. Parikh
Dr G. Shalaby
Dr R. Amor

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

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CARDIOLOGY REFERRAL

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 operayion 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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