Please adhere Patient Label
PATIENT DETAILS:

CT Coronary Form
Form IC/01[1c]

matilda
International Hospital
明 德 國 際 醫 院

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Office Hour: Monday to Friday 0800-1700 Saturday 0800-1300 After Office Hour, additional Charges will be applied

CT Coronary Request Form

Date: ________ Time: ________

☐ Calcium Score
☐ CT Coronary Angiogram
☐ Ca Score + Coronary Angiogram
☐ Ejection Fraction
☐ Echocardiogram
☐ Others ________

Patient's Cardiac History

Reported By ☐ Cardiologist ☐ Radiologist

Yes	No	
☐	☐	Smoking
☐	☐	Hypertension
☐	☐	Hyperlipidaemia if Yes, please state Total Cholestrol ________ HDL ________ LDL ________ TG ________
☐	☐	Family History of Coronary Heart Disease. If Yes, please indicate ☐Mother ☐Father ☐Sibling
☐	☐	Personal History of Coronary Heart Disease
☐	☐	Typical chest pain
☐	☐	Diabetic Mellitus
☐	☐	Previous heart scan If yes, please give result
☐	☐	Cardiovascular Medications If yes, please specify

____

Clinical Data & Diagnosis

(Please bring along old films and/or report for comparison)

Standard Precaution	☐
Contact Precaution	☐
Droplet Precaution	☐

Medical History

(To be completed for patient required CT Coronary Angiogram):

Yes	No	
☐	☐	History of reaction to previous contrast injection (specify) ________
☐	☐	History of asthma
☐	☐	History of other allergies (specify) ________
☐	☐	History of Diabetes Mellitus
☐	☐	History of kidney disease
☐	☐	For patients aged > 60 years, please provide renal function: Creatinine: ________ umol / L Urea: ________ umol / L
☐	☐	Heart Block
☐	☐	Any medicine for treatment of erectile dysfunction up to 1 week ago (It will affect the function of nitrolingual spray)
☐	☐	Any known contraindication to Beta-blocker (Metoprolol)?

Patient need to fast 4 hours before the procedure

Department Use:

CT No.:

Operator:

Radiologist / Cardiologist:

LMP: ________

Chance of pregnancy:
☐ YES ☐ NO

☐ **Bill Patient** ☐ **Bill Doctor**

Signed & Print Dr's Name: ________

Compiled by Joanna Lo
Revised by Joanna Lo
Approved by Joanna Lo
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Effective since 2013