0491 215 002
02 9475 0428
referrals@sydneyheartteam.com.au
www.sydneyheartteam.com.au

# CATHETERISATION LABORATORY REFERRAL FORM

SYDNEY HEART TEAM

## PATIENT DETAILS

First Name: _____ Last Name: _____ DOB: D D M M Y Y Y Y

Street Address: _____

Suburb: _____ Postcode: _____

Phone: _____ Email: _____

Medicare Number: _____ Ref: _____ Valid until: M M Y Y Y Y

◯ Pension / DVA: _____ ◯ Health Fund: _____

Membership / Claim Number: _____

◯ Primary Language Spoken: _____ ◯ Interpretor Recommended

## REFERRAL INFORMATION

| | | |
|---|---|---|
| Diagnosis: | Procedure Requested: | |
| Renal Impairment: ◯ YES ◯ NO ◯ UNKNOWN | Diabetes: ◯ YES ◯ NO ◯ UNKNOWN | Access Problem: ◯ YES ◯ NO ◯ POSSIBLE |
| On Anticoagulation: ◯ YES ◯ NO | Contrast Allergy: ◯ YES ◯ NO ◯ UNKNOWN | On SGL2i: ◯ YES ◯ NO |
| Priority: ◯ ASAP ◯ ≤ 1MONTH ◯ ELECTIVE ◯ OTHER | | |

**Please complete and sign Page 2 to meet MBS guidelines.**

**Additional information - Include current medications, attach latest correspondence, relevant imaging reports, cardiac surgical reports & pathology if applicable.**

0491 215 002
02 9475 0428
referrals@sydneyheartteam.com.au
www.sydneyheartteam.com.au

# CARDIAC CATHETERISATION CATEGORY FORM

SYDNEY HEART TEAM

## REFERRING DOCTOR

Referring Doctor: _____ Phone: _____

Email*: _____

**Doctor's Signature:** _____ **Date:** D D M M Y Y **Provider Number:**

DATE OF REFERRAL: D D M M Y Y DATE OF PROCEDURE: D D M M Y Y

*Direct email, not practice

## PATIENT RISK GROUP (SELECTING CORRECT INDICATION IS A MEDICARE REQUIREMENT FOR BOOKING)

- ○ **HIGH RISK GROUP – ANGIOGRAPHY / PCI** (PLEASE CHECK ONE BELOW).
  - 1. An acute coronary syndrome evidence by:
    - ○ ST segment elevation / or new left bundle branch block.
    - ○ Troponin elevation above the local upper reference limit.
    - ○ New resting wall motion abnormality or perfusion defect.
    - ○ Cardiogenic shock, resuscitated cardiac arrest, ventricular fibrillation or sustained ventricular tachycardia.
  - ○ 2. Unstable Angina or Angina equivalent with crescendo pattern or rest pain or other high-risk clinical features (hypotension, dizziness, pallor, diaphoresis or syncope occurring at low threshold.)
  - ○ 3. Significant left main coronary artery disease (>50% stenosis or cross-sectional area <6 $mm^2$) or severe proximal left anterior descending coronary artery disease (>70% stenosis or cross-sectional area <4 $mm^2$ before first major diagonal branch) detected.
- ○ **CLINICALLY STABLE GROUP – ANGIOGRAPHY** (PLEASE CHECK ONE BELOW)
  - ○ 1. Limiting angina or angina equivalent despite on adequate trial of optimal medical therapy.
  - ○ 2. Has high risk features including at least one of;
    - ○ Myocardial Ischaemia demonstrated on functional imaging
    - ○ Stress electrocardiogram testing with high risk features (ST segment elevation or sustained ST depression, hypotension, Duke treadmill score ≤11)
    - ○ Computed tomography coronary angiography evidence of a stenosis >70% of one or more arteries
    - ○ Left ventricular dysfunction (Ejection fraction <40%) or segmental wall motion abnormality at rest
  - ○ 3. A heart team conference has recommended coronary angiography
- ○ **CLINICALLY STABLE GROUP – PCI (SINGLE OR DOUBLE TERRITORY)** (PLEASE CHECK BELOW APPLICABLE INDICATION)
  - ○ 1. A heart team conference has recommended the intervention
  - ○ 2. Both of the following conditions are met
    - **a.** The patient has:
      - ○ Limiting angina or angina equivalent despite on adequate trial of optimal medical therapy or
      - ○ Myocardial Ischaemia demonstrated on functional imaging
      - ○ Stress echocardiogram testing with high risk features (ST segment elevation or sustained ST depression, hypotension, Duke treadmill score ≤11) AND
    - **b.** Fulfils at least of the following conditions in the vascular territory treated:
      - ○ A stenosis > 70%; or
      - ○ A FFR or iFR distal to the lesions that is ≤ 0.89, respectively
- ○ **CLINICALLY STABLE GROUP – PCI (TRIPLE TERRITORY)** (PLEASE CHECK BELOW APPLICABLE INDICATION)
  - ○ 1. A heart team conference has recommended the intervention (tick one box if applicable) ; or
  - ○ 2. Has limiting angina or angina equivalent despite on adequate trial of optimal medical therapy, or where myocardial Ischaemia is demonstrated on functional imaging or stress electrocardiogram testing with high risk features (ST segment elevation or sustained ST depression, hypotension, Duke treadmill score ≤11) and where both of the following conditions are met:
    - **a.** Each vascular territory has:
      - ○ A stenosis >70%: or
      - ○ A FFR or iFR distal to the lesions that is ≤ 0.80 or ≤ 0.89, respectively AND
    - **b.** The patient does not have diabetes mellitus and the multi-vessel coronary artery disease is non-complex and does not involve any of the following;
      - ○ A stenosis >50% in the left main coronary artery; or
      - ○ Bifurcation lesions involving side branches with a diameter >2.75 mm; or
      - ○ Chronic vessel occlusions (>3 months); or
      - ○ Severly angulated or severly calcifies lesions; or
      - ○ SYNTAX score >23; OR
  - ○ 3. Patient expresses preference for catheter based intervention, even when objective assessment indicated surgery would be preferable.
- ○ **VALVE DISEASE – ANGIOGRAPHY** (PLEASE CHECK ONE BELOW)
  - ○ 1. Pre-operative assessment for planning non-coronary cardiac surgery, including by transcatheter approaches; OR
  - ○ 2. Evaluation of valvular heart disease or other non-coronary structural heart disease where clinical impression is discordant with non-invasive assessment