Diagnostic Catheterization Referral Form

☐ Elective Coronary Angiography
☐ Left Heart Catheterization

Patient Identifier:

Today's Date: **DOB:**

****Complete ONLY ONE of the following boxes (select the scenario that best fits the patient)****

I. Prior Noninvasive Testing (No Prior Revascularization)

Select only the MOST RECENT test or procedure

☐ **ECG Exercise Treadmill** (complete a & b)
☐ **Stress Echo** (complete a & b)
☐ **SPECT MPI** (complete a & b)
☐ **PET** (complete a & b)
☐ **Stress MR** (complete a & b)

a) New/Worsening Symptoms:
☐ Yes
☐ No

b) Prior Test Result Findings:
☐ Low risk
☐ Intermediate risk
☐ High risk
☐ Equivocal/discordant

☐ **Resting CMR Assessing Delayed Enhancement**

☐ **CT Angiography Findings (select box for both a & b below):**
a) ☐ non-Left Main ☐ Left Main
b) ☐ Lesion 0 – 49% ☐ Lesion >50% ☐ Stenosis unclear significance

☐ **Resting Echo Findings:**
☐ New LV systolic dysfunction
☐ New regional wall abnormality
☐ Suspected significant ischemic complication related to CAD

☐ **Calcium Score Results:**
☐ Less than 100 ☐ 100 to 400 ☐ Greater than 400

II. Initial Evaluation of Symptomatic Patient (No Prior Noninvasive Testing, PCI, CABG, or Angiogram)

a) Symptoms (check all that apply)
☐ Burning
☐ Chest pain
☐ Chest tightness
☐ Dyspnea/Diaphoresis
☐ ECG abnormal
☐ Jaw pain
☐ Palpitations
☐ Shoulder/arm pain
☐ Worsening effort tolerance
☐ Other

b) Has the patient experienced? (check all that apply)
☐ Symptoms provoked by exertion or emotional stress
☐ Symptoms relieved by rest and/or nitroglycerin
☐ Symptoms at rest
☐ None of the above

III. Initial Evaluation of Asymptomatic Patient (No Prior Noninvasive Testing, PCI, CABG, or Angiogram)

Global CAD Risk Factors:

Family History of premature CAD: ☐ Yes ☐ No
Smoker: ☐ Yes ☐ No
Blood Pressure: _____ mm Hg
Currently taking any medications to control BP: ☐ Yes ☐ No
Total Cholesterol: _____ mg/dL
HDL: _____ mg/dL

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IV. Known Obstructive CAD and Medically Managed

a) Worsening/Limiting Symptoms?
- ☐ Yes
- ☐ No

b) Prior Test Results
- ☐ Low-risk noninvasive findings
- ☐ Intermediate-risk noninvasive findings
- ☐ High-risk noninvasive findings
- ☐ Equivocal/discordant noninvasive findings

V. Prior Revascularization (PCI or CABG)

a) Worsening/Limiting Symptoms?
- ☐ Yes
- ☐ No

b) Prior Test Result
- ☐ Low-risk noninvasive findings
- ☐ Intermediate-risk noninvasive findings
- ☐ High-risk noninvasive findings
- ☐ Equivocal/discordant noninvasive findings

c) ☐ Prior Unprotected Left Main PCI

VI. Preoperative Evaluation (Type of Surgery to be Performed)

Low-Risk Surgery:
☐ Ambulatory ☐ Breast ☐ Cataract ☐ Endoscopic procedures ☐ Superficial procedure ☐ Other

Intermediate-Risk Surgery (complete a & b below):
☐ Carotid endarterectomy ☐ Head and neck ☐ Intraperitoneal and intrathoracic ☐ Orthopedic
☐ Prostate ☐ Other

Major Vascular Surgery/Solid Organ Transplant (complete a & b below):
☐ Aortic or other major vascular surgery ☐ Nonthoracic solid organ transplant ☐ Peripheral vascular surgery

Noncoronary cardiac surgery ☐

a) Risk Factors That Apply
- ☐ History of ischemic heart disease
- ☐ History of compensated or prior heart failure
- ☐ History of cerebrovascular disease
- ☐ Diabetes mellitus (requiring insulin)
- ☐ Renal insufficiency (eGFR <60)

b) Functional Capacity *(ability to climb stairs or walk at a very brisk pace)*
- ☐ Able to exercise
- ☐ Unable to exercise or unknown

VII. Evaluation of Arrhythmias

a) Ventricular Tachycardia
- ☐ Cardiac arrest or sustained VT
- ☐ Nonsustained VT

b) Other (Assess Global CAD Risk Below)
- ☐ New onset afib/flutter
- ☐ Heart block OR symptomatic bradyarrthymia
- ☐ New LBBB
- ☐ Syncope

Global CAD Risk Factors:

Family History of premature CAD: ☐ Yes ☐ No

Smoker: ☐ Yes ☐ No

Blood Pressure: _____ mm Hg

Currently taking any medications to control BP: ☐ Yes ☐ No

Total Cholesterol:_____ mg/dL

HDL: _____ mg/dL

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