

Pathway for CT Calcium Scoring & CT Coronary Angiogram for GP Patients

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Email: imaging@newvictoria.co.uk

Surname: _____
 First name: _____
 Date of birth: _____
 NHS no.: _____
 Address: _____

GP details: _____
 Fax number: _____
 NHS number.: _____
 Male / Female: _____
 Phone number: _____

<input type="checkbox"/> No Symptoms	<input type="checkbox"/> Short of breath	<input type="checkbox"/> Atypical chest pain	<input type="checkbox"/> Stable angina	<input type="checkbox"/> Unstable angina	<input type="checkbox"/> MI
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<input type="checkbox"/> Asthma	<input type="checkbox"/> PMH of IHD	<input type="checkbox"/> Raised cholesterol	<input type="checkbox"/> On beta-blockers
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Smoker	<input type="checkbox"/> Raised BP	<input type="checkbox"/> Family History IHD

<input type="checkbox"/> A&E Immediate Referral

Current eGFR _____ (must be < 3 months old)

Iodine allergy? Yes No

Ca²⁺ + CTCA

Normal	Abnormal
<input type="checkbox"/> GP	<input type="checkbox"/> GP with OPA referral to Cardiologist

GP Signature	Name (print)
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