

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

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Email: [imaging@newvictoria.co.uk](mailto:imaging@newvictoria.co.uk)

Surname: \_\_\_\_\_

GP details: \_\_\_\_\_

First name: \_\_\_\_\_

Fax number: \_\_\_\_\_

Date of birth: \_\_\_\_\_

NHS number.: \_\_\_\_\_

NHS no.: \_\_\_\_\_

Male / Female: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

\_\_\_\_\_

<input type="checkbox"/> <b>No Symptoms</b>	<input type="checkbox"/> <b>Short of breath</b>	<input type="checkbox"/> <b>Atypical chest pain</b>	<input type="checkbox"/> <b>Stable angina</b>	<input type="checkbox"/> <b>Unstable angina</b>	<input type="checkbox"/> <b>MI</b>
↓				↓	
<input type="checkbox"/> <b>Asthma</b>	<input type="checkbox"/> <b>PMH of IHD</b>	<input type="checkbox"/> <b>Raised cholesterol</b>	<input type="checkbox"/> <b>On beta-blockers</b>	<input type="checkbox"/> <b>A&amp;E Immediate Referral</b>	
<input type="checkbox"/> <b>Diabetes</b>	<input type="checkbox"/> <b>Smoker</b>	<input type="checkbox"/> <b>Raised BP</b>	<input type="checkbox"/> <b>Family History IHD</b>		

**Current eGFR** \_\_\_\_\_ (must be < 3 months old)

Iodine allergy? Yes  No

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**Ca<sup>2+</sup> + CTCA**

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**Normal**

**GP**

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**Abnormal**

**GP with OPA referral to Cardiologist**

<b>GP Signature</b>	<b>Name (print)</b>
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