



MYOCARDIAL PERFUSION SCAN FORM

REQUEST FORM WITHOUT COMPLETE INFORMATION WILL BE RETURNED

Patients's Name:		Gender :	Ethnic :
IC Number:	Age :	Weight :	L.M.P. Date :
Address:			Contact Number :
Patient Condition: <input type="checkbox"/> Walking <input type="checkbox"/> Wheel chair <input type="checkbox"/> Trolley			Payment Method:
Indication for requesting study: <input type="checkbox"/> Diagnosis of coronary artery disease (CAD) <input type="checkbox"/> Risk stratification – Post MI / Post PTCA / CABG <input type="checkbox"/> Evaluation of severity CAD <input type="checkbox"/> Evaluation of myocardial viability <input type="checkbox"/> Pre-operative evaluation			
Patient's Medical History (Please write in detail and include allergy / surgical history which is relevant)			
Asthma / COAD: <input type="checkbox"/> Yes <input type="checkbox"/> No Does this patient able to lie flat: <input type="checkbox"/> Yes <input type="checkbox"/> No			
List of Current Medication:			
1. Does this patient have the following: <input type="checkbox"/> History of prior infarct. If yes, <input type="checkbox"/> any thrombolytics agent given before? Date: _____ <input type="checkbox"/> urgent angiogram / PCI done? Date: _____ <input type="checkbox"/> ECG changes: <input type="checkbox"/> Q wave, lead : _____ <input type="checkbox"/> ST segment, lead : _____ <input type="checkbox"/> T wave changes, lead : _____ <input type="checkbox"/> Others, lead : _____ <input type="checkbox"/> None of the above			



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2. Previous echocardiography done:

- No
 Yes, date: _____
EF: _____% Other findings:

3. Risk stratification

- (i) No known history of ACS but CVD risk. Framingham risk score (FRS):
 Low CV risk (<10%) High risk (>20%)
 Intermittent risk (10-20%) Very high risk (>30%)
- (ii) History of acute coronary syndrome:
 NSTEMI / Unstable : TIMI score _____
 Myocardial infarction : Grace score _____

4. Previous exercise stress test done:

- No
 Yes, date: _____

Result: Positive stress test Normal stress test Inconclusive Not known

5. Previous coronary angiography / PTCA / CABG done:

- No
 Yes, date: _____
Findings:

Date of next PC / Cardiology Clinic appointment (**compulsory to be filled**):

PATIENT PREPARATION

- i) Advise patient to bring all their **CURRENT MEDICATIONS** on the day of study
- ii) Advise on contraception and ensure female patients in the reproductive age is NOT pregnant at the time of referral.
- iii) Please optimize the blood pressure medication and ensure patients have controlled prior to referral.
- iv) Please attach all the necessary **INVESTIGATION RESULTS** (e.g. ECHO / ECG) with this form.

Signature of **Requesting Doctors** with official stamps:

Name :
Department :
Contact no :
Date :

Signature of **Referring Specialist in-charge** with official stamps:

Name :
Department :
Contact no :
Date :