

Fax to (518) 525-1200
Phone: (518) 525-1401 – Option #1



St Peter's Hospital

ST PETER'S HEALTH PARTNERS

315 S. Manning Blvd. Albany, NY 12208

Patient: _____ Date of Birth: _____
Last First Middle
 Gender: ☐ Male ☐ Female
 Home #: _____ Work #: _____
 Cell #: _____ Email: _____
 MRN: _____

CLINICAL HISTORY: _____

Echocardiogram: _____

Cardiac catheterization: _____

Can the patient have gadolinium? ☐ Yes ☐ No, reason: _____

INDICATION / CLINICAL QUESTION:

- | | | | | | | | |
|---|---|---|--|---|--|---|---|
| <input type="checkbox"/> Coronary artery disease <ul style="list-style-type: none"> <input type="checkbox"/> Viability <input type="checkbox"/> Acute MI <input type="checkbox"/> LV aneurysm | <input type="checkbox"/> Congenital heart disease <ul style="list-style-type: none"> <input type="checkbox"/> Intracardiac shunt <ul style="list-style-type: none"> <input type="checkbox"/> ASD <input type="checkbox"/> VSD <input type="checkbox"/> Anomalous coronary artery <input type="checkbox"/> Other: _____ | | | | | | |
| <input type="checkbox"/> Congestive heart failure | <input type="checkbox"/> Ventricular function ONLY, noncontrast
<input type="checkbox"/> Iron quantification ONLY, noncontrast
<input type="checkbox"/> Pulmonary vein ablation | | | | | | |
| <input type="checkbox"/> Cardiac mass
Location: _____
Suspected Dx: _____ | <input type="checkbox"/> Other: _____ | | | | | | |
| <input type="checkbox"/> Non-ischemic cardiomyopathy <ul style="list-style-type: none"> <input type="checkbox"/> Hypertrophic cardiomyopathy <input type="checkbox"/> Sarcoid <input type="checkbox"/> Amyloid <input type="checkbox"/> Hemochromatosis <input type="checkbox"/> Myocarditis <input type="checkbox"/> ARVC <input type="checkbox"/> Noncompaction <input type="checkbox"/> Other: _____ | <div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;">QUANTITATIVE ANALYSIS</p> <p>Quantification is routinely tailored to the clinical question
To request additional analysis:</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> LEFT VENTRICLE <ul style="list-style-type: none"> <input type="checkbox"/> Volume <input type="checkbox"/> Function <input type="checkbox"/> Mass </td> <td style="vertical-align: top; width: 50%;"> VALVE: _____ <ul style="list-style-type: none"> <input type="checkbox"/> Valve area <input type="checkbox"/> Pressure gradient <input type="checkbox"/> Regurgitant fraction </td> </tr> <tr> <td style="vertical-align: top;"> RIGHT VENTRICLE <ul style="list-style-type: none"> <input type="checkbox"/> Volume <input type="checkbox"/> Function </td> <td style="vertical-align: top;"> FLOW <ul style="list-style-type: none"> <input type="checkbox"/> Aorta <input type="checkbox"/> Main PA <input type="checkbox"/> Right and Left PA </td> </tr> <tr> <td style="vertical-align: top;"> ANGIOGRAPHY <ul style="list-style-type: none"> <input type="checkbox"/> Aorta <input type="checkbox"/> PA <input type="checkbox"/> LA/pulmonary veins </td> <td style="vertical-align: top;"> INTRACARDIAC SHUNT <ul style="list-style-type: none"> <input type="checkbox"/> Fraction Qp:Qs </td> </tr> </table> </div> | LEFT VENTRICLE <ul style="list-style-type: none"> <input type="checkbox"/> Volume <input type="checkbox"/> Function <input type="checkbox"/> Mass | VALVE: _____ <ul style="list-style-type: none"> <input type="checkbox"/> Valve area <input type="checkbox"/> Pressure gradient <input type="checkbox"/> Regurgitant fraction | RIGHT VENTRICLE <ul style="list-style-type: none"> <input type="checkbox"/> Volume <input type="checkbox"/> Function | FLOW <ul style="list-style-type: none"> <input type="checkbox"/> Aorta <input type="checkbox"/> Main PA <input type="checkbox"/> Right and Left PA | ANGIOGRAPHY <ul style="list-style-type: none"> <input type="checkbox"/> Aorta <input type="checkbox"/> PA <input type="checkbox"/> LA/pulmonary veins | INTRACARDIAC SHUNT <ul style="list-style-type: none"> <input type="checkbox"/> Fraction Qp:Qs |
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| RIGHT VENTRICLE <ul style="list-style-type: none"> <input type="checkbox"/> Volume <input type="checkbox"/> Function | FLOW <ul style="list-style-type: none"> <input type="checkbox"/> Aorta <input type="checkbox"/> Main PA <input type="checkbox"/> Right and Left PA | | | | | | |
| ANGIOGRAPHY <ul style="list-style-type: none"> <input type="checkbox"/> Aorta <input type="checkbox"/> PA <input type="checkbox"/> LA/pulmonary veins | INTRACARDIAC SHUNT <ul style="list-style-type: none"> <input type="checkbox"/> Fraction Qp:Qs | | | | | | |
| <input type="checkbox"/> Pericardial disease | | | | | | | |
| <input type="checkbox"/> Valvular disease <ul style="list-style-type: none"> <input type="checkbox"/> Aortic valve <input type="checkbox"/> Mitral valve <input type="checkbox"/> Pulmonic valve <input type="checkbox"/> Tricuspid valve | | | | | | | |

Ordering MD: _____ Phone #: _____ Pager #: _____

Signature: _____ Date: _____ Cell #: _____