

**Patient Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ PHN: \_\_\_\_\_ DOB (mm/dd/yyyy): \_\_\_\_\_

Address: \_\_\_\_\_ Family Doctor: \_\_\_\_\_

Sex:  Male  Female  Unknown/Choose not to disclose Gender Identity: \_\_\_\_\_

**Referring Physician Information**

Name \_\_\_\_\_ Speciality: \_\_\_\_\_

PraclD: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Location:  ER Dept \_\_\_\_\_  UrgentCare \_\_\_\_\_  Clinic/Office \_\_\_\_\_

Has the patient seen a cardiologist currently practicing in Calgary in the last 10 years?  No – proceed with referral  Yes – redirect to primary cardiologist

**Reason for Referral**

(Check all that apply)

*We will no longer be accepting referrals for **asymptomatic** patients (except criteria outlined below) at RACC.*

- Chest pain
- Abnormal cardiac test results (including ECG) or new/changed physical findings (e.g., murmur).  
Note: this may generate e-consult or phone consult
- New atrial fibrillation/atrial flutter/SVT CHADS2VASC: \_\_\_\_\_ Anticoagulation:  Yes  No
- Dyspnea/edema/fatigue **with evidence of cardiac involvement** (Echo, NT-pro BNP or Troponin, ECG, MPI)
- Dyspnea in males >50 years | females >60 years
- Palpitations if associated with syncope, abnormal echocardiogram, or evidence of arrhythmia on ECG/Holter
- Syncope with heart disease history, abnormal ECG/precordial exam, or within setting of documented arrhythmia

**Past Medical History**

- Prior myocardial infarction/cardiovascular (CV) surgery/coronary artery disease (CAD)
- CV Risk Factors  Diabetes  Hypertension  Dyslipidemia  
 Smoking  Family history (1° relative with CVD: male < 55 yrs. | female < 65 yrs.)
- Other: \_\_\_\_\_

**Physical Exam and History**

- Current Symptoms: \_\_\_\_\_
- Assessment Findings: \_\_\_\_\_

**Cardiac Testing**

(Check all that are complete or pending AND attach all results not on Netcare)

- Echocardiogram Date Booked: \_\_\_\_\_ Where: \_\_\_\_\_
- Holter Monitor Date Booked: \_\_\_\_\_ Where: \_\_\_\_\_
- Stress Test Date Booked: \_\_\_\_\_ Where: \_\_\_\_\_
- Other (details): \_\_\_\_\_