

Referring Physician Information:				Patient Information: (Place Patient Label Here)					
Name:		Specialty:		PracID:		Last Name:		First Name:	
Phone:		Fax:		Address:		Daytime Phone:		Preferred Name:	
Location:		<input type="checkbox"/> ER Dept		DOB (dd/mm/yyyy):		PHN:		Email:	
<input type="checkbox"/> Urgent Care		<input type="checkbox"/> Clinic/Office		Sex:		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		Gender Identity:	
				Height:		<input type="checkbox"/> cm <input type="checkbox"/> ft/in		Weight:	
								<input type="checkbox"/> kg <input type="checkbox"/> lbs	

Medical History:

Prior myocardial infarction/cardiovascular surgery/CAD

Asthma Severe COPD CABG Angioplasty/stent ICD/Pacemaker

CV Risk Factors Diabetes Hypertension Dyslipidemia Smoking Family history (1° relative: M < 55 | F < 65)

Indication:

Assess myocardial ischemia/infarction Pre-op risk assessment for non-cardiac surgery

Global cardiac risk stratification Assess exercise capacity/fitness level/HR and BP response

Abnormal exercise treadmill test Assess for exercise-induced dysrhythmia

Cardio-Diagnostics

<input type="checkbox"/> Myocardial Perfusion Imaging Stress Test <input type="radio"/> Exercise <input type="radio"/> Pharmacologic Patient asked to hold anti-ischemic meds? <input type="checkbox"/> Yes <input type="checkbox"/> No Symptomatic: <input type="checkbox"/> Yes <input type="checkbox"/> No Pretest likelihood of CAD: <input type="checkbox"/> Chest pain <input type="checkbox"/> Low <input type="checkbox"/> Dyspnea <input type="checkbox"/> Intermediate <input type="checkbox"/> Other: <input type="checkbox"/> High <input type="checkbox"/> Known CAD	<input type="checkbox"/> Echocardiogram <input type="radio"/> Bubble Study <input type="checkbox"/> Cardiac structure/function <input type="checkbox"/> Pericardial abnormalities <input type="checkbox"/> Adult congenital heart disease <input type="checkbox"/> Cardiac source of embolus <input type="checkbox"/> Valvular heart abnormalities	<input type="checkbox"/> Carotid Doppler <input type="checkbox"/> Syncope/pre-syncope <input type="checkbox"/> Endarterectomy/carotid stenting <input type="checkbox"/> Evaluate carotid bruits <input type="checkbox"/> TIA/stroke <input type="checkbox"/> CV assessment	<input type="checkbox"/> 1-Day Holter <input type="checkbox"/> Syncope/pre-syncope <input type="checkbox"/> Known atrial fibrillation/flutter <input type="checkbox"/> Palpitations <input type="checkbox"/> Suspected dysrhythmia	
Time:	Time:	Time:	Time:	Time:

Cardiology Consultation

<p>Rapid Access Cardiology Clinic (RACC™)</p> <p>Reason for Referral (check all that apply): We do not accept asymptomatic referrals (except criteria below) at RACC.</p> <input type="checkbox"/> Chest pain <input type="checkbox"/> Abnormal cardiac test results (including ECG) or new/changed physical findings (e.g., murmur). (May generate tele/e-consult) <input type="checkbox"/> New atrial fibrillation/atrial flutter/SVT CHADS2VASC: _____ Anticoagulation: <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Dyspnea/edema/fatigue with evidence of cardiac involvement (Echo, NT-pro BNP or Troponin, ECG, MPI) <input type="checkbox"/> Dyspnea in males >50 years females >60 years <input type="checkbox"/> Palpitations if associated with syncope, abnormal echo, or evidence of arrhythmia on ECG/ Holter <input type="checkbox"/> Syncope with history of heart disease, abnormal ECG/precordial exam or within documented arrhythmia	<p>General Cardiology Central Access (Non-Urgent)</p> <p>You can refer to a specific cardiologist (see full list on website) or select 'next available appointment' for earliest available appointment.</p> <input type="checkbox"/> Next available appointment (Patient will be seen by next available cardiologist. Referrals evenly distributed to participating cardiologists). <input type="checkbox"/> Refer to specific cardiologist (state name in space below): For full list of our cardiology team visit: www.totalcardiology.ca/clinical-care/ . <ul style="list-style-type: none"> • Triage occurs in the cardiologist's office. • Receiving cardiologist will determine appropriate wait time - no specified time to see patient.
--	--

Information for Test/Cardiology Consultation:

Copy reports to: _____ MD Signature/Stamp: _____