Total Cardiology®

Referral Form

Patient Information (Place Patient Label Here)

Last Name: _____ First Name: _____

Daytime Phone: _____ Preferred Name: _____

Email Address: _____

DOB _____ (dd/mm/yyyy) PHN: _____

☐ Male ☐ Female ☐ Other: _____

Height: _____ cm Weight: _____ kg

Referring Physician Information

MD Name: _____

Prac ID: _____

Phone: _____ Fax: _____

Location: ☐ ER/Urgent Care ☐ Clinic/Office

CC Reports To: _____

MD Signature: _____

Diagnostics

☐ **Myocardial Perfusion Imaging Stress Test** (☐ Off Meds* ☐ On meds^)

☐ Exercise ☐ Pharmacologic

☐ **Exercise Stress Test (No Imaging)** (☐ Off Meds* ☐ On meds^)

* In patients without a history of CAD, a stress test is typically done off anti-anginal meds (e.g., beta-blockers, calcium channel blockers, nitrates) if deemed safe.

^ In patients with established CAD, in whom you are evaluating new symptoms, suggest continuing anti-ischemics.

☐ **Echocardiogram**

☐ Bubble ☐ Contrast ☐ Strain

☐ **Carotid Doppler**

☐ **Holter Monitor (1-Day) + ECG**

☐ **ECG** (Sunridge Location only)

Consultation

☐ **Routine/Non-urgent** † ☐ **Urgent****

To refer to a specific cardiologist, please fax referral to their office. Wait times vary by office. Visit totalcardiology.ca for physician directory.

♦ Patient may be assessed by internal medicine or nurse practitioner.

** Referrals will be reviewed to determine if they meet criteria for urgent consultation. Patients who do not meet the criteria will be triaged to the next available appointment.

Indication(s) for Referral:

- ☐ Chest pain or suspected angina
- ☐ Dyspnea
- ☐ Edema
- ☐ Assess cardiac structure/function
- ☐ Pericardial abnormalities
- ☐ Adult congenital heart disease
- ☐ Valvular heart abnormalities or murmur
- ☐ Evaluate carotid bruits
- ☐ TIA/stroke
- ☐ Syncope
- ☐ Pre-syncope
- ☐ Palpitations
- ☐ Atrial fibrillation/atrial flutter
- ☐ Dysrhythmia
- ☐ Pre-op risk assessment for non-CV surgery
- ☐ Other – please explain in relevant history section below.

Relevant History/Additional Information (please include relevant reports with referral)

Referral Office | 110-2891 Sunridge Way NE, Calgary, Alberta T1Y 7K7
Phone: 403-571-8640 | Fax: 403-776-7681