

Pulse Referral Form

Cardiology & Electrodiagnostics

Phone 250 595 1551 Fax 250 595 1000



DATE:

PATIENT INFORMATION: (affix label or complete)

Name:
PHN:
DOB:
Gender:
Address:
Home Phone:
Cell Phone:
Email:

REFERRING PHYSICIAN: (affix label or complete)

Name:
MSP:
Address:
Phone:
Fax:
Walk-In Clinic Name (if applicable):
FAMILY PHYSICIAN: (if not referring MD)

URGENCY (may be changed at Pulse's discretion)

- Rapid Access
- Semi-urgent
- Non-urgent

Please consider using the RACE program if appropriate

<http://www.raceconnect.ca/race-app/>

CARDIOLOGY CONSULTATION (If this is not selected, only Diagnostic Testing will be completed as indicated below)

Patient to see "First Available Appropriate Specialist Triage (FAAST)"? Our team consists of Cardiologists and Internal Medicine

- Yes
- No, prefer to see Dr:

DIAGNOSTIC TESTING REQUEST

- Treadmill
- Holter
- ECG

In the event of significant abnormalities on the diagnostic test(s) that, in the view of the reading physician, require urgent cardiology consultation, please treat this as a referral for cardiology consultation

REASON FOR REFERRAL (necessary for triage) Select all that apply:

- Chest pain
- Abnormal cardiac test results (including Echo, ECG) or new/changed physical findings (eg murmur)
- Atrial fibrillation/atrial flutter/SVT CHADS-65: _____ Anticoagulation: Yes No
- * For AF management by electrophysiology, please complete the Island Health AF clinic referral to avoid delays in processing:
<https://www.islandhealth.ca/afc> If they do not meet the AFC criteria, refer to Pulse – check here
- Dyspnea
- Palpitations. Associated with syncope, abnormal ECG, or evidence of arrhythmia on ECG/Holter Yes No
- Syncope. With heart disease history, abnormal ECG/precordial exam or arrhythmia Yes No
- Suspected CHF
- Other _____

CARDIAC RISK FACTORS: Select all that apply

- Hypertension
- Lipid disorder
- Diabetes/glucose intolerance
- Kidney impairment
- Smoking history
- Alcohol use disorder
- Illicit drug use (current or past)
- History of psychiatric disorder
- Family history

HISTORY OF CARDIAC INTERVENTION:

- Angiogram/PCI
- Coronary artery bypass surgery
- Valvular surgery/TAVI
- Ablation
- Pacemaker/ICD/CRT device implant

SUPPORTING DOCUMENTS: (Bloodwork, ECG, Cardiac testing, consultant letters **within last 12 months**)

- Attached
- Pending: _____

RELEVANT MEDICAL HISTORY:

- Attached
- None

MEDICATIONS:

- Attached
- None

ALLERGIES:

- Attached
- None