

Heart Rhythm Services Referral Form



DATE:

Phone 250 595 1551 Fax 250 595 1000

As an alternative to Office Consultation, consider using the RACE Program which provides expedited cardiology advice via telephone: <http://www.raceconnect.ca/race-app/>

REQUIRED for all Heart Rhythm referrals:

- History/Clinic Notes with Current Medication List
- ECG/Holter/Wearable with Specific Arrhythmia

*****Referral may be returned if incomplete*****

If Available, Please Include:

- Cardiac Imaging (Echo, CXR, MUGA, MRI, Angio, MIBI, CT)
- Holter/Event Monitor (include full disclosure ECG strips)

*****See next page for suggested testing in specific patients*****

PATIENT INFORMATION:

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

REFERRING PHYSICIAN:

Name: _____
 MSP: _____
 Address: _____
 Phone: _____ Fax: _____
Hospital or Clinic Name (if applicable): _____
FAMILY PHYSICIAN (if not referring MD): _____

URGENCY (may be changed at triaging physician's discretion)

Rapid Access Semi-urgent Elective

REQUEST FOR SPECIALIST CONSULTATION (If not selected, only Diagnostic Testing will be done as requested below)

Patient to see "First Available Appropriate Specialist Triage (FAAST)"? (may be changed at triaging physician's discretion)

Yes No, prefer to see Dr:

REASON FOR REFERRAL:

Atrial Fibrillation/Flutter Consultation (choose one):

- Advanced Rhythm Control, Challenging Rate Control, and/or Contraindication to Anticoagulation
- New Diagnosis for Nurse Assessment, Triage, and Subsequent Specialist Consultation
- Fast-Track Electrical Cardioversion and Electrophysiology Consult
- Nurse/Pharmacist Education Only (Consider Having Patient First Review <https://www.islandhealth.ca/afc>)

SVT/WPW Management Consultation

VT/PVC Management Consultation

Inherited Arrhythmia and Cardiovascular Genetics Consultation

Cardiac Device Consultation

- Consideration for new device implant (bradycardia, ICD, CRT) or existing device requiring troubleshooting
- Direct admit simple (DDD or VVI) pacemaker implant request (*Internal Medicine/Cardiology Only – See next page*)

*****Do not use this form for device interrogation only - contact RJH Device Clinic at 250-370-8670 (P) or 250-370-8658 (F)*****

Please Provide Details:

REQUEST FOR DIAGNOSTIC TESTING:

Treadmill Holter ECG

In the event of significant abnormalities on the test(s) that require urgent cardiology consultation, please treat this as a referral

If your patient's diagnosis or symptom is not included in this form, please use the **Pulse Complete Cardiac Care - General Cardiology** referral form. If appropriate, re-triage to Electrophysiology will then occur.

SUGGESTED PRECONSULTATION TESTING IN SPECIFIC PATIENT POPULATIONS

Our Heart Rhythm referral form has been simplified for ease of use and we would appreciate as much detail as available through the blank section and/or attached consultation notes.

The following tests are likely to be requested by the triaging physician and will expedite consultation if already available (please include reports) or requested at the time of referral.

Atrial Fibrillation:

- ECG, Holter, or Wearable tracing documenting arrhythmia (*required*)
- Holter with full disclosure tracings within 3 months
- Echocardiogram within 1 year
- Labs including CBC, electrolytes, renal and liver function, and TSH within 3 months

SVT/WPW:

- ECG, Holter, or Wearable tracing documenting arrhythmia (*required*)
- Holter with full disclosure tracings within 6 months
- Echocardiogram within 3 years
- Labs including CBC, creatinine, electrolytes, and TSH within 1 year

VT/PVCs:

- ECG, Holter, or Wearable tracing documenting arrhythmia (*required*)
- Holter with full disclosure tracings within 3 months
- Echocardiogram within 1 year
- Labs including CBC, electrolytes, renal and liver function, and TSH within 3 months

Inherited Arrhythmia and Cardiovascular Genetics:

- Holter with full disclosure tracings within 6 months
- Echocardiogram within 3 years
- Previous genetic testing results for patient and/or family members
- Autopsy reports for affected family members (if applicable)

Cardiac Device Consultation:

- Holter with full disclosure tracings within 3 months
- Echocardiogram within 1 year
- Labs including CBC, electrolytes, renal and liver function, TSH, and NT-ProBNP within 1 year
- Most recent device interrogation report (if existing device not already followed by Island Health)

DIRECT ADMIT PACEMAKER REQUESTS

This service is only available to *IM/Cardiology* specialists. Please discuss and document the risks and benefits to facilitate booking at the triaging physician's discretion. The triaging physician may request an in-office consultation first if deemed necessary.