

# Cardiology 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/> 

### PATIENT INFORMATION:

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

### REFERRING PRACTITIONER:

Name:  
MSP:  
Address:  
Phone:  
Fax:  
**Walk-In Clinic Name** (if applicable):  
**FAMILY PHYSICIAN/NP:** (if not Referring Practitioner)

**URGENCY** visit <https://pulsemd.ca/referring/> for information on how to determine Urgency

Urgent     Semi-urgent     Non-urgent

**Patient to see "First Available Appropriate Specialist Triage (FAAST)"?**

Yes     No, prefer to see specific Dr: \_\_\_\_\_

### REASON FOR REFERRAL:

**Diagnostic Testing Only** →  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, this request will be treated as a referral for cardiology consultation)

**Specialist Consultation** →  Cardiologist     Internal Medicine with Special Interest in Cardiology

**Specialist (IM, CV Surgeon) Referrers Only** →  Direct Referral to Interventional Cardiology including Angiography request (provide reason and diagnostic testing to date, plus include your first and most recent consult letter)

**Heart Rhythm Management** → Please Use Referral Form Found Here: <https://pulsemd.ca/referring/>

### Select all that apply and provide details:

Palpitations (include Holter with evidence)     Syncope     Heart Failure     Valve Disease     Chest Pain  
 Cardiac Risk Factor Modification     Congenital Heart Disease     Coronary Artery Disease     Other \_\_\_\_\_

**Details:**

### Documents Requested For All Referrals:

- History     Attached
- ECG     Attached
- Recent Labwork     Attached
- Medication List     Attached
- Allergies     Attached

**Referral may be returned if incomplete**

### If Available Please Include:

- Cardiac Imaging (ECHO, MRI, Angio, MIBI, CT, MUGA)
- Chest X-Ray
- Holter/Event Monitor (incl full disclosure ECG strips)
- Cardiac Device Interrogations
- Previous Stress Tests

**If you are unsure about what testing may be required, consider RACE call for advice**

**Urgency & FAAST may be changed at triaging physician's discretion.**

Receipt of referral will be confirmed via fax to referring physician's office.

Patients will be contacted by our office to schedule appointment.