Cardiology Referral Form

Pulse C³ COMPLETE CARDIAC CARE
Division of Rebalance

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:	REFERRING PRACTITIONER:
Name:	Name:
PHN:	MSP:
DOB:	Address:
Gender:	Phone:
Address:	Fax:
Home Phone:	**Walk-In Clinic Name** (if applicable):
Cell Phone:	**FAMILY PHYSICIAN/NP:** (if not Referring Practitioner)
Email:	

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 ❑ 24h Holter ❑ 48h Holter ❑ 7 Day 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:	If Available Please Include:
• History ❑ Attached	• Cardiac Imaging (ECHO, MRI, Angio, MIBI, CT, MUGA)
• ECG ❑ Attached	• Chest X-Ray
• Recent Labwork ❑ Attached	• Holter/Event Monitor (incl full disclosure ECG strips)
• Medication List ❑ Attached	• Cardiac Device Interrogations
• Allergies ❑ Attached	• Previous Stress Tests
Referral may be returned if incomplete	**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.

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