

Cardiology & Respiriology 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: _____ Ht (ft/in): _____
 DOB: _____ Wt (lbs): _____
 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 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 Consultation → Respiriologist – please provide details in the space below

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.

Version: March 2026