

CARDIOLOGY REFERRAL

REFERRING PROVIDER:

GP NP ED
 Specialist (specify) _____
 Name: _____
 MSP #: _____
 Address: _____

 Phone: _____
 Fax: _____
 Date: _____

PATIENT INFORMATION

Name: _____
 PHN: _____ Male
 DOB: (dd/mmm/yy) _____ Female
 Address: _____ Other _____
 City: _____ Province: _____
 Postal code: _____ Email: _____
 Home phone # _____
 Cell: _____
 Work: _____
 Language(s) spoken: _____
 ~If this patient does not speak English, please ask them to bring an interpreter~
 Outpatient Inpatient – site: _____

REFER TO:

Specific Cardiologist: _____ *OR* Specialty Clinic

Clinic information: Vancouver – page 3
 North Shore & Richmond – page 4

SEVERITY OF SYMPTOMS: Severe Moderate Mild Asymptomatic

URGENCY: **Emergent** (Immediate to 24 hours) Call Cardiology or send to ED
 *If unsure of urgency, call the RACE line at 604-696-2131
 Urgent (within 2 weeks) Reason: _____
 Semi-Urgent (within 4 weeks)
 Elective (an attempt will be made to see patient within 12 weeks)

Has this patient been seen by a Cardiologist before? No Yes
 Name: _____ Date: _____ Is this a Re-referral? No Yes

REASON FOR REFERRAL:

Please include recent relevant medical history, medication records, investigations and lab results.

See attached: Consult notes Medication list
 Lab results Allergies/Drug Intolerances

PREVIOUS INVESTIGATIONS:

	Done	Date	Attached	Not Done	Comments
Chest x-ray	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
ECG	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Exercise tolerance test	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Holter Monitor	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Cardiac Echo	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Coronary angiogram	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Cardiac CT/MRI	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
MIBI test	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Other Cardiac tests	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

This referral will be triaged by cardiology staff. For prompt booking, please ensure all sections are fully completed.

ACKNOWLEDGEMENT OF REFERRAL (to be completed within 72 hours)

Our office will make an appointment with your patient within the next _____ (days or weeks)

Your patient is booked to see a specialist on: Date: _____ Time: _____

- We will notify your patient of the above appointment Please notify your patient of the above appointment
 We require the following additional information before we can book an appointment for this patient:



CARDIOLOGY REFERRAL

REFERRING PROVIDER:

Name: _____

Date: _____

PATIENT INFORMATION

Name: _____

PHN: _____

DOB: (dd/mmm/yy) _____

SPECIALTY CLINICS	St. Paul's	VGH	Lion's Gate	Richmond
<input type="checkbox"/> Atrial Fibrillation (AFC)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Healthy Heart - Cardiac Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Healthy Heart - Prevention/Lipid	<input type="checkbox"/>			
<input type="checkbox"/> Smoking Cessation		<input type="checkbox"/>		
<input type="checkbox"/> Pulmonary Hypertension		<input type="checkbox"/>		
<input type="checkbox"/> Heart Rhythm Device (HRD)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Heart Rhythm Management (HRMC)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> BC Inherited Arrhythmia (BCIAP)	<input type="checkbox"/>			
<input type="checkbox"/> Pacific Adult Congenital Heart (PACH)	<input type="checkbox"/>			
<input type="checkbox"/> Heritable Aortopathies (HAC)	<input type="checkbox"/>			
<input type="checkbox"/> Cardiac Obstetrics (COB)	<input type="checkbox"/>			
<input type="checkbox"/> Cardiac Oncology		<input type="checkbox"/>		
<input type="checkbox"/> Women's Heart Health		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Urgent Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Pre-Heart Transplant	<input type="checkbox"/>			
<input type="checkbox"/> Sports Cardiology		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Rapid Access Chest Pain Clinic				<input type="checkbox"/>

SPECIALTY CLINIC DESCRIPTIONS - Vancouver	Location	Telephone	FAX
Atrial Fibrillation (AFC) New or previous diagnosis of Atrial Fibrillation or Atrial flutter for specialist opinion/management, including ablation. Multidisciplinary approach & teaching. ECG documented AF required. After optimization of treatment (usually 6 months), patients are returned to usual GP/specialist for follow-up.	SPH	604-806-9475	604-806-9476
	VGH	604-875-5264	604-875-5906
Heart Failure New diagnosis heart failure; suspected heart failure (with or without low ejection fraction); multidisciplinary teaching and/or optimization of therapy. After optimization of treatment (usually 6 months), patients are returned to usual GP/specialist for follow-up.	SPH	604-806-8733	604-806-8763
	VGH	604-875-5264	604-875-5906
Healthy Heart Program – Cardiac Rehabilitation Exercise, education and counseling for patients recovering from acute coronary syndrome, PCI, CABG, pacemakers, internal defibrillators, LVAD and heart transplant. Also for patients with CAD, PVD, CVD, CHF, diabetes, chronic kidney disease, and arrhythmia. After optimization of treatment (usually 6 months) patients are returned to usual GP/specialist for follow-up.	SPH	604-806-9270	604-806-8590
	VGH	604-875-5389	604-875-5794
Healthy Heart Program – Prevention/Lipid Clinic Multidisciplinary assessment and management (nurse educator, dietician, physician) of cardiovascular risk, inherited or other dyslipidemia, statin intolerance, known CVD, personal or family history of premature vascular disease, pre-diabetes, and smoking cessation.	SPH	604-806-8591	604-806-8590
Smoking Cessation Tailored tobacco dependence treatment combining counseling and medication provided by specialist and RN.	VGH	604-875-4800 ext. 2	604-875-5827
Pulmonary Hypertension Multidisciplinary management of patients with known or suspected pulmonary hypertension or pulmonary vascular disease.	VGH	604-875-4323	604-875-4210
Heart Rhythm Device (HRD) Candidacy, and/or ongoing management of patients with pacemakers, loop recorders, and/or cardioverter-defibrillators	SPH	604-806-8267	604-806-9476
	VGH	604-875-4244	604-875-5827
Heart Rhythm Management (HRMC) Management of patients with cardiac arrhythmia, syncope and candidacy for heart rhythm devices or invasive ablation procedures.	SPH	604-806-8267	604-806-8723
	VGH	604-875-5069	604-875-5874
BC Inherited Arrhythmia Program (BCIAP) Multidisciplinary screening, evaluation and genetic counseling for patients/families affected by, or at risk for, an inherited arrhythmia, sudden unexplained cardiac arrest, sudden unexplained death or sudden infant death syndrome.	SPH	604-682-2344 ext. 66766	604-806-9474
Pacific Adult Congenital Heart (PACH) Assessment and cardiac management for adults with congenital heart disease. Heritable Aortopathies (HAC) Comprehensive, multisystem assessment genetic disorders that effect the aorta. (e.g. Loey Dietz, Marfan Syndrome) Cardiac Obstetrics (COB) Pre-pregnancy counseling and cardiac care to women with congenital and acquired heart disease at risk of developing heart complications during pregnancy. Please include number of weeks pregnant.	SPH	604-806-8520	604-806-8800
	VGH	604-875-5264	604-875-5906
	VGH	604-875-4223	604-875-5504
Urgent Care General cardiology referrals for patients requiring expedited consultation at the discretion of the referring physician. Referring physicians are urged to identify such referrals carefully as there is limited capacity. The aim is to see patients within a 2 to 4 week timeframe.	SPH	604-806-9282	604-806-9927
	VGH	604-875-4800 ext. 2	604-875-5827
Pre-Heart Transplant Severe heart failure optimized on therapy for patients under the age of 70 who require assessment for heart transplant candidacy.	SPH	604-806-8602	604-806-8763
Sports Cardiology Evaluation and consultation of patients who are high level athletes or who engage in competitive recreational sports, and who are having symptoms of possible cardiac concern.	VGH	604-822-1751	604-822-7625

SPECIALTY CLINIC DESCRIPTIONS – North Shore	Location	Telephone	FAX
Healthy Heart Cardiac Rehabilitation For higher risk patients (e.g. post MI, CABG, angioplasty, valve replacement). Patient sees a kinesiologist, nurse and physician review.	LGH	604-904-0810	604-904-0812
Rapid Access/Urgent Care Expedited investigations and assessment by a certified cardiologist for patients requiring an urgent cardiac opinion. Examples include patients recently discharged from the Emergency Department or seen by their family physicians with undifferentiated chest pain, dyspnea, palpitations, syncope or presyncope, new arrhythmia, valvular diagnosis, murmur or ECG abnormalities.	LGH	604-980-1031	604-980-1032
Heart Failure Assessment and management of patients with suspected or confirmed heart failure, with normal or reduced ejection fraction. Frequent visits to optimize lifestyle, medical and device therapy, and provide multidisciplinary patient education. Nurse practitioner and certified cardiologist both involved in patient management.	LGH	604-980-1031	604-980-1032
Women’s Heart Health Investigation and management of heart disease in women, including both common cardiac conditions and those with a predilection for women. Examples include microvascular (small vessel, non-obstructive) angina, spontaneous coronary artery dissection, coronary vasospasm and stress-induced (Takotsubo) cardiomyopathy.	LGH	604-980-1031	604-980-1032
Sports Cardiology Assessment of athletes, from recreational, to professional and world-class, with symptoms of possible cardiac origin, or screening for potential cardiovascular disorders that may impair participation or affect player safety. All assessments done by certified cardiologists.	LGH	604-980-1031	604-980-1032
Exercise Program For patients with risk factors or a chronic disease who need to get active. They spend time with a kinesiologist for one to one fitness training and development of a comprehensive health and exercise plan.	LGH	604-904-0810	604-904-0812

SPECIALTY CLINIC DESCRIPTIONS – Richmond	Location	Telephone	FAX
Healthy Heart Program The Healthy Heart Program consists of exercise and education lectures. The goal of this 8 week program is for participants to identify cardiac risk factors; it is an avenue to a heart healthy life.	RH	604-244-5163	604-244-5454
Rapid Access Chest Pain Clinic Patients with chest pain will be assessed by general internists for medical consultations and treadmill stress tests within 2 weeks of referral. For urgent cases, patients will be seen in 3 to 5 working days.	RH	604-244-5388	604-244-5274