

**ST. PAUL'S HOSPITAL HEART CENTRE
CHEST PAIN CLINIC REFERRAL**



Cardiology Referral

St. Paul's Hospital Chest Pain Clinic

Address: Suite 200 – 1033 Davie Street, Vancouver, BC V6E 1M7

Phone: 604-296-0655

Fax: 604-689-4219

Email: chestpainclinic@providencehealth.bc.ca

Date of Referral: _____

Referred for: **Cardiac testing and Cardiology consultation**

Cardiac testing and Cardiology consultation ONLY if test results abnormal

PATIENT INFORMATION

Name: _____

Gender:

PHN: _____ DOB: (dd/mmm/yyyy) _____

Male Female

Telephone (Home): _____ (Cell): _____

Other: _____

KNOWN CAD:

No Yes - **Previous Revascularization**
 PCI CABG

TYPICAL PAIN

Retrosternal chest discomfort
 Provoked by exertion/stress
 Relieved with rest/nitroglycerin
 Other: _____

CARDIAC RISK FACTORS

Hypertension Currently smokes
 Diabetes Family history of early atherosclerosis
 Dyslipidemia Other: _____

SEVERITY OF SYMPTOMS

Mild Moderate Severe

OTHER KNOWN CARDIAC ISSUES:

ADDITIONAL COMMENTS:

VITAL SIGNS: BP: _____ / _____ **Heart Rate:** _____ bpm (date of vitals: _____)

ECG: (describe or provide if available) (date of ECG: _____)

REFERRING PHYSICIAN

Signature _____

Printed name _____

MSP # _____

Fax or email this referral to the SPH Chest Pain Clinic

Fax: 604-689-4219

Email: chestpainclinic@providencehealth.bc.ca

Patients will be contacted directly by the clinic.

For internal use only

Modality: ETT P-MIBI
 CCTA Stress Echo
 None

Urgency: within one week
 1 to 3 weeks
 4 to 6 weeks