

# 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"/>

<b>SPECIALTY CLINIC DESCRIPTIONS - Vancouver</b>	<b>Location</b>	<b>Telephone</b>	<b>FAX</b>
<b>Atrial Fibrillation (AFC)</b> 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.	<b>SPH</b>	604-806-9475	604-806-9476
	<b>VGH</b>	604-875-5264	604-875-5906
<b>Heart Failure</b> 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.	<b>SPH</b>	604-806-8733	604-806-8763
	<b>VGH</b>	604-875-5264	604-875-5906
<b>Healthy Heart Program – Cardiac Rehabilitation</b> 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.	<b>SPH</b>	604-806-9270	604-806-8590
	<b>VGH</b>	604-875-5389	604-875-5794
<b>Healthy Heart Program – Prevention/Lipid Clinic</b> 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.	<b>SPH</b>	604-806-8591	604-806-8590
<b>Smoking Cessation</b> Tailored tobacco dependence treatment combining counseling and medication provided by specialist and RN.	<b>VGH</b>	604-875-4800 ext. 2	604-875-5827
<b>Pulmonary Hypertension</b> Multidisciplinary management of patients with known or suspected pulmonary hypertension or pulmonary vascular disease.	<b>VGH</b>	604-875-4323	604-875-4210
<b>Heart Rhythm Device (HRD)</b> Candidacy, and/or ongoing management of patients with pacemakers, loop recorders, and/or cardioverter-defibrillators	<b>SPH</b>	604-806-8267	604-806-9476
	<b>VGH</b>	604-875-4244	604-875-5827
<b>Heart Rhythm Management (HRMC)</b> Management of patients with cardiac arrhythmia, syncope and candidacy for heart rhythm devices or invasive ablation procedures.	<b>SPH</b>	604-806-8267	604-806-8723
	<b>VGH</b>	604-875-5069	604-875-5874
<b>BC Inherited Arrhythmia Program (BCIAP)</b> 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.	<b>SPH</b>	604-682-2344 ext. 66766	604-806-9474
<b>Pacific Adult Congenital Heart (PACH)</b> Assessment and cardiac management for adults with congenital heart disease.  <b>Heritable Aortopathies (HAC)</b> Comprehensive, multisystem assessment genetic disorders that effect the aorta. (e.g. Loey Dietz, Marfan Syndrome)  <b>Cardiac Obstetrics (COB)</b> 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.	<b>SPH</b>	604-806-8520	604-806-8800
	<b>VGH</b>	604-875-5264	604-875-5906
	<b>SPH</b>	604-806-8602	604-806-8763
<b>Cardiac Oncology</b> CV toxicity of cancer treatment; known or suspected CV disease in cancer patients/survivors; CV risk modification related to current or previous oncology treatment.	<b>VGH</b>	604-875-5264	604-875-5906
<b>Women's Heart Health</b> Management of chest pain and other CV symptoms in women, as well as those with prior myocardial infarction and/or undiagnosed / non-obstructive CAD.	<b>VGH</b>	604-875-4223	604-875-5504
<b>Urgent Care</b> 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.	<b>SPH</b>	604-806-9282	604-806-9927
	<b>VGH</b>	604-875-4800 ext. 2	604-875-5827
<b>Pre-Heart Transplant</b> Severe heart failure optimized on therapy for patients under the age of 70 who require assessment for heart transplant candidacy.	<b>SPH</b>	604-806-8602	604-806-8763
<b>Sports Cardiology</b> 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.	<b>VGH</b>	604-822-1751	604-822-7625

<b>SPECIALTY CLINIC DESCRIPTIONS – North Shore</b>	<b>Location</b>	<b>Telephone</b>	<b>FAX</b>
<b>Healthy Heart Cardiac Rehabilitation</b> For higher risk patients (e.g. post MI, CABG, angioplasty, valve replacement). Patient sees a kinesiologist, nurse and physician review.	<b>LGH</b>	604-904-0810	604-904-0812
<b>Rapid Access/Urgent Care</b> 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.	<b>LGH</b>	604-980-1031	604-980-1032
<b>Heart Failure</b> 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.	<b>LGH</b>	604-980-1031	604-980-1032
<b>Women’s Heart Health</b> 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.	<b>LGH</b>	604-980-1031	604-980-1032
<b>Sports Cardiology</b> 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.	<b>LGH</b>	604-980-1031	604-980-1032
<b>Exercise Program</b> 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.	<b>LGH</b>	604-904-0810	604-904-0812

<b>SPECIALTY CLINIC DESCRIPTIONS – Richmond</b>	<b>Location</b>	<b>Telephone</b>	<b>FAX</b>
<b>Healthy Heart Program</b> 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.	<b>RH</b>	604-244-5163	604-244-5454
<b>Rapid Access Chest Pain Clinic</b> 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.	<b>RH</b>	604-244-5388	604-244-5274