

PHC & VCH CARDIOLOGY REFERRAL



Cardiology Referral

REFERRING PROVIDER: GP NP ED Specialist (specify) _____ Date: _____

Name: _____ MSP #: _____

Address: _____ Phone: _____ Fax: _____

PATIENT INFORMATION:

Name: _____ Address: _____

 PHN: _____ DOB: (dd/mmm/yy) _____ Male Female Other _____

Email: _____ Home phone # _____ Cell: _____ Work: _____

 Language(s) spoken: _____ Outpatient

 If this patient does not speak English, please ask them to bring an interpreter~ Inpatient – site: _____

REFER TO: Specialty Clinic (specify) _____ For Vancouver see page 3. For North Shore & Richmond see page 4
 (Choose one) Specific Cardiologist: _____ Fax directly to requested cardiologist

SEVERITY OF SYMPTOMS: Severe Moderate Mild Asymptomatic

URGENCY: Emergent (Immediate to 24 hours) Call Cardiology or send to ED

 *If unsure of urgency, Urgent (within 2 weeks) Reason: _____
 call the RACE line at 604-696-2131

 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 (for AF patients ECG must show AF)	<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 5 business days)

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: _____

PHC & VCH CARDIOLOGY REFERRAL

Place Patient Form Label Here



Cardiology Referral

REFERRING PROVIDER: Name: _____ Date: _____

PATIENT INFORMATION

Name: _____

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

SPECIALTY CLINICS	St. Paul's	VGH	Lions Gate	Richmond
<input type="checkbox"/> Atrial Fibrillation (AFC)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Heart Failure (Regional Triage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Cardiac Rehabilitation (Healthy Heart)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Heart Rhythm Device (HRD)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Urgent Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Heart Rhythm Clinic (HRC)	<input type="checkbox"/>	<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"/> Centre for Thoracic Aortic Disease		<input type="checkbox"/>		
<input type="checkbox"/> Prevention/Lipid (Healthy Heart)	<input type="checkbox"/>			
<input type="checkbox"/> Cardiac Oncology		<input type="checkbox"/>		
<input type="checkbox"/> Pre-Heart Transplant	<input type="checkbox"/>			
<input type="checkbox"/> Women's Heart Health		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> BC Inherited Arrhythmia (BCIAP)	<input type="checkbox"/>			
<input type="checkbox"/> Sports Cardiology		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Pulmonary Hypertension		<input type="checkbox"/>		
<input type="checkbox"/> Rapid Access Chest Pain Clinic				<input type="checkbox"/>

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Cardiology Referral

SPECIALTY CLINIC DESCRIPTIONS - Vancouver	Location	Telephone	FAX
Atrial Fibrillation (AFC) New or previous diagnosis of Atrial Fib or flutter for specialist opinion/management, including ablation. Multidisciplinary approach & teaching. ECG documented AF required. After optimization of treatment (~ 6 months), patients are returned to usual GP/specialist for follow-up.	SPH	604-806-9475	604-806-9476
	VGH	604-875-5264	604-875-5806
Heart Failure (Regional Triage) Referrals for new diagnosis or suspected heart failure will be centrally triaged/assigned to the most appropriate site. Multidisciplinary care includes patient education and optimization of therapy. On achieving optimal therapy (~ 6 mo), patients are returned GP/referring provider. Appropriate referrals will have at least 1 of the following indications: - a positive BNP/NT-proBNP (less than 3 months), - a positive Echo, - a Consult Note, or a Discharge summary (of less than 1 yr)	SPH	604-682-2344 ext. 68084	604-675-2639
	VGH		
Cardiac Rehabilitation (Healthy Heart) Exercise, education and counseling for patients recovering from acute coronary syndrome, PCI, CABG, implanted devices 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
Heart Rhythm Device (HRD) For ongoing management of patients with existing implant devices (e.g. pacemakers, loop recorders, and/or cardioverter-defibrillators).	SPH	604-806-8267	604.675.2647
	VGH	604-875-4244	604-875-5827
Urgent Care General cardiology referrals for patients requiring expedited consultation at the discretion of the referring physician. Limited capacity - please identify referrals carefully. Goal is visit in 2-4 weeks	SPH	604-682-2344 ext 64264	604-806-9927
	VGH	604-875-4800 opt.6	604-875-5806
Heart Rhythm Clinic (HRC) For management of patients with cardiac arrhythmia, syncope and/or appropriateness for implantation of heart rhythm devices or invasive ablation procedures.	SPH	604-806-8267	604-806-8723
	VGH	604-875-5069	604-875-5874
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/ acquired heart disease at risk of developing heart complications during pregnancy. Please include weeks pregnant.	SPH	604-806-8520	604-806-8800
	SPH		
	SPH		
Centre for Thoracic Aortic Disease A multi-disciplinary (cardiac surgery, vascular surgery, cardiology, and interventional radiology) clinic for assessment and management of patients with diseases of the thoracic aorta. Includes assessment, investigation, treatment and long term management	VGH	604-875-4553	604-875-5806
Prevention/Lipid Clinic (Healthy Heart) 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
Cardiac Oncology CV toxicity of cancer treatment; known or suspected CV disease in cancer patients/survivors; CV risk modification related to current or previous oncology treatment.	VGH	604-875-5264	604-875-5806

Continued on next page, including North Shore & Richmond clinics.



Cardiology Referral

SPECIALTY CLINIC DESCRIPTIONS – Vancouver (continued)	Location	Telephone	FAX
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	604-675-2660
Women’s Heart Health Management of chest pain and other CV symptoms in women, as well as those with prior myocardial infarction and/or undiagnosed / non-obstructive CAD.	VGH	604-875-4223	604-875-5504
BC Inherited Arrhythmia Program (BCIAP) Multidisciplinary screen, evaluation, genetic counseling for patients/families affected or at risk for an inherited arrhythmia, sudden unexplained cardiac arrest/death or sudden infant death synd.	SPH	604-682-2344 ext. 66766	604-806-9474
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
Pulmonary Hypertension Multidisciplinary management of patients with known or suspected pulmonary hypertension or pulmonary vascular disease.	VGH	604-875-4323	604-875-4210

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. Exercise / Activity program is also offered	LGH	604-904-0810	604-904-0812
Rapid Access/Urgent Care Expedited investigations and assessment by a cardiologist for patients requiring an urgent cardiac opinion. Includes 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 multidisciplinary patient education. Nurse practitioner and cardiologist involved.	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, recreational to professional, with symptoms of possible cardiac origin, or screening for potential cardiovascular disorders that may impair participation or affect safety.	LGH	604-980-1031	604-980-1032

SPECIALTY CLINIC DESCRIPTIONS – Richmond	Location	Telephone	FAX
Cardiac Rehabilitation (Healthy Heart) 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.	GWC	604-204-2007	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