CARDIAC STAT CLINIC (CSC) REFERRAL FORM

Location: Royal Jubilee Hospital, Royal Block, 3rd Floor
Phone Number: 250-370-8111 ext. 13864
Please fax completed forms to 250-370-8267

*****If your patient is already followed by a cardiologist, please send an updated referral to their respective office; otherwise, duplicate referrals will be declined and redirected to their respective cardiologist*****

*****For any ambiguity regarding the use of this clinic, please contact the on-call non-urgent cardiologist on consult service through switchboard*****

REFERRING PHYSICIAN:	**REFERRING LOCATION:**

PATIENT LABEL/DEMOGRAPHICS:

Pertinent Medical History:

INDICATION FOR REFERRAL (please attach any relevant documents not available on CERNER):

Chest pain:
- ☐ High risk for CAD
- ☐ CCS III typical angina
- ☐ Crescendo/progressive angina

Heart failure:
- ☐ NYHA III symptoms
- ☐ Young age (<50yrs) at diagnosis
- ☐ Difficult in-hospital meds up-titration
- ☐ Recent discharge from hospital for HF exacerbation

Severe symptomatic:
- ☐ Aortic stenosis / regurgitation
- ☐ Mitral stenosis / regurgitation

Symptomatic arrhythmia:
- ☐ AF/Flut requiring outpatient cardioversion (DCCV)
- ☐ AF/Flut with multiple ED visits for cardioversion
- ☐ Associated signs of volume overload

Other:
- ☐ Acute pericarditis with moderate-large pericardial effusion (>2cm)
- ☐ Severe left main or pLAD stenosis on CTCA
- ☐ Pregnant woman with cardiac issue
- ☐ Thoracic aortic aneurysm (>5cm)

OFFICE USE ONLY			
Date Received at CSC:		**REDCAP ID#:**	
referral clinician-reviewed on date:		**by clinician:**	
result of clinician review of referral:			
patient reports having cardiologist/IM?			

FOR PATIENTS NOT CURRENTLY ATTACHED TO A CARDIOLOGIST OR INTERNIST IN THE COMMUNITY

CSC	PULSE	UMAC/Internal medicine
	Atrial Fibrillation/Flutter	
• Associated signs of volume overload • >1 ED visits for cardioversion within past 6 months • Needs semi-urgent planned cardioversion (in AF/Flutter >24-48 hours without anticoagulation at diagnosis)	• Good response to one cardioversion • In need of long-term rhythm control • New atrial fibrillation	• Age >80 • Rate-control strategy preferred • Discussion re: anticoagulation • Medically complex patients
	Chest pain	
• High risk for CAD • CCS class III angina • Crescendo angina	• Moderate risk for CAD • Stable CCS I-II angina	• Low-risk for CAD • Assistance with cardiac risk factors treatment (HTN, DSLP, DM2)
	New heart failure diagnosis	
• Recent discharge for HF exacerbation • Young age at diagnosis (<50yrs) • NYHA III symptoms • Difficult in-hospital meds uptitration	• NYHA I-II • Requires assistance with workup • Failure of LVEF recovery on Rx • Consideration for ICD/CRT or other	• Locally appropriate for stable patients in need for initial workup and management
	New valvular stenosis/regurgitation	
• Severe and symptomatic	• Severe and asymptomatic • Moderate-severe • Multiple moderate valves	• Locally appropriate when severe and asymptomatic
	Other	
• Acute Pericarditis with moderate-large pericardial effusion • Left main or pLAD disease on CTCA • Pregnant woman with cardiac issue • Thoracic aortic aneurysm (>5cm)	• SVT • Severe stenosis (not left main or pLAD) on CTCA	