

CONSULT REQUEST
Cardiology Referral
Central Zone Fax: (902) 425-3768

Family Physician _____ Other province Other country

Refer to: First available Cardiologist Specific Cardiologist: _____

Urgency: **Urgent** (< 1 week) Please contact Cardiologist on call

Non Urgent **Semi Urgent** (frequent angina episodes, suspected cardiac source of embolus)

Reason for referral/Chief Complaint:

Chest pain or Coronary Artery Disease (CAD) Murmur or valvular heart disease Heart Failure

Palpitations, syncope, arrhythmia Congenital Second opinion

Assessment prior to non-cardiac surgery: Surgery: _____ Planned OR date: _____

Other _____

Other relevant clinical information: Justify urgency: _____

Has the patient seen a Cardiologist within the last 2 years? Yes No

If yes, please specify cardiologist: _____

Cardiac History:

Prior MI Prior Percutaneous Coronary Intervention (PCI) Prior cardiac surgery Atrial fibrillation

Prior pacemaker or Implantable Cardioverter Defibrillator (ICD) Other: _____

Risk Factors:

Hypertension Smoking Diabetes Hyperlipidemia Family History CAD

Height: _____ cm Weight: _____ kg Other: _____

Please include the most recent information with your referral if available:

Blood work Latest medication list ECG Chest X-ray Other: _____

Referring Physician printed name	Signature	Date	Time

