NSHA Inherited Heart Disease Program – Referral Form

Halifax Infirmary, 2501-1796 Summer St., Halifax B3H 3A7
Phone: Program Manager 902-473-5341 Cell: 902-237-2718 Fax: 902-473-3158

PATIENT INFORMATION:		
DATE OF REFERRAL:		GP:
NAME: (last, first)		
ADDRESS:		TELEPHONE: WORK: CELL:
CITY:	POSTAL CODE:	
DOB: (YY/MM/DD)	HC#:	LANGUAGE:
ALTERNATE CONTACT NAME:		RELATIONSHIP:

REFERRING CLINICIAN:	
NAME:	Specialty:
ADDRESS:	
TELEPHONE:	FAX:

URGENCY:		POINT OF REFERRAL:	
☐ Routine	Patient pregnant?	☐ Emergency	☐ Outpatient Clinic
☐ Semi-Urgent	☐ Yes ☐ No	☐ Physician's Office	☐ Inpatient (location):
☐ Urgent – reason:		☐ Unknown	☐ Other (specify):

REASON FOR REFERRAL:	
☐ Long QT Syndrome (LQTS)	☐ Unexplained Sudden Cardiac Death:
☐ Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)	☐ Familial Sudden Death (relationship):
☐ Brugada	☐ SIDS (relationship to the deceased):
☐ Catecholaminergic Polymorphic VT (CPVT)	☐ Dilated Cardiomyopathy (DCM)
☐ Hypertrophic Cardiomyopathy (HCM)	☐ Other (details):
☐ Family History of _____ Name of Family member&DOB: _____	
☐ Positive Genetic Test Results (Condition tested for):	

DIAGNOSIS:	SYMPTOMATIC:	FAMILY MEMBERS REFERRED:
☐ Confirmed ☐ Suspected ☐ Possible	Yes ☐ No ☐ If YES (details):	Yes ☐ No ☐ Unknown ☐ If YES (details) Name & DOB:

TESTS COMPLETED:			
☐ ECG	☐ Holter monitor	☐ Stress Test	Drug Challenge:
☐ Echocardiogram	☐ Cardiac MRI	☐ Signal average ECG	☐ Epinephrine
☐ Genetic Testing	☐ Biopsy	☐ Other:	☐ Procainamide

GENETICS:	
Has genetic testing been done in the family previously? Yes ☐ No ☐ Unknown ☐	If yes ,location seen (Province, Country):
If yes is the family or member followed in IHD clinic? Yes ☐ No ☐ Unknown ☐	Family members name:
OTHER PERTINENT INFORMATION:	

Referring Physician Signature: _____

Family Physician (please print): _____

FAX completed referral AND all pertinent discharge summaries, recent consult letter, blood work (genetics),list of medications, autopsy, cardiac investigations (ECG, stress test, ECHO, etc.). If referring due to an affected family member please add that person's name & DOB and if they are already seen in IHD clinic to 902-473-3158. See reverse for more information.

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NSHA Inherited Heart Disease Program (IHD) – Referral Guidelines

Halifax Infirmary, 2501-1796 Summer St., Halifax B3H 3A7
Phone: 902-473-5341 Cell: 902-237-2718 Fax: 902-473-3158

When patients are referred to the IHD clinic they are triaged by the Program Coordinator and the IHD Physicians. Our elective wait time is **approximately 12 months** due to pending tests that need to be done prior to your patient's clinic visit. If there is an urgent matter, please specify this in your consult notes.

Please send the following documents with your referral as per the guide below:

1. ECGs (mail original if patient is not from NS)
2. Stress test with strips (mail original if patient is not from NS)
3. Echocardiograms (CD if patient is not from NS)
4. Autopsy (if applicable)
5. Family members known to IHD if applicable (including their DOB)
6. Genetic results if known
7. Medication list
8. Most recent consult letter

Once all of the pertinent information is received your patient will be scheduled for an appointment in the IHD clinic with some cardiac tests on the same day. The appointment time and date will be mailed to them by our booking office and one week prior they should receive a reminder phone call**. If their address and phone number change, this information should be sent to the IHD clinic immediately via fax.**

At their visit they will be seen by the clinic nurse, genetic counselor (if applicable), research coordinator (if applicable), and the IHD physician. Please inform your patient the visit may be several hours long as we are trying to complete a thorough assessment to enhance their care.

Genetic testing is not done on all patients. This is determined by the Physician and the genetic counselors after their assessment. It consists of a blood test and is usually offered to the affected patient unless the gene is known. Patients will be contacted directly from the Genetics counselor with their results, not from the IHD clinic. Test results may not be available for 4-6 months.

Research website: www.heartsinrhythm.ca