



PHC & VCH CARDIOLOGY REFERRAL



Cardiology Referral

REFERRING PROVIDER:

GP NP ED Specialist (specify): _____ Date: _____
Name: _____ MSP Number: _____
Location: _____ Phone: _____ Fax: _____

PATIENT INFORMATION:

Name: _____
Address: _____
PHN: _____ DOB: (dd/mmm/yyyy) _____ Gender: Male Female Other _____
Email: _____ Home phone number: _____ Alternate phone number: _____
Language(s) spoken: _____ Interpreter Required: No Yes
 Outpatient 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, 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 (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 (Myocardial Perfusion Imaging)	<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: _____



* 6 2 8 3 *

INSTRUCTIONS: ONLY FAX THE 1st PAGE

Page 2, 3, and 4 are to guide selection of the most appropriate program / service. Page 2 provides an overview of where services are located in our region; Page 3 and 4 provide clinic descriptions and contact details.

SPECIALTY CLINICS	Hospital					
	St. Paul's	Vancouver General	Richmond	Lions Gate/ Coastal		
				North Shore	Sechelt	Squamish
Atrial Fibrillation (AFC)	✓	✓				
Heart Failure (Regional Triage)	✓	✓		✓		
Cardiac Rehabilitation (Healthy Heart)* <i>*If RN referral for inpatient, please specify site and unit in location field, instead of referral provider</i>	✓	✓	✓	✓	✓	✓
Urgent / Stat / Rapid / Chest Pain	✓	✓	✓	✓		
Heart Rhythm Device (HRD)	✓	✓				
Heart Rhythm Clinic (HRC)	✓	✓				
Pacific Adult Congenital Heart (V-PACH)	✓					
Heritable Aortopathies (HAC)	✓					
Cardiac Obstetrics (COB)	✓					
Thoracic Aortic Disease Program		✓				
Cardio Risk / Prevention / Lipid	✓	✓				
Cardio-Oncology		✓				
Pre-Heart Transplant	✓					
Women's Heart Health		✓				
BC Inherited Arrhythmia (BCIAP)	✓					
Sports Cardiology		✓		✓		
Pulmonary Hypertension		✓				

PHC & VCH CARDIOLOGY REFERRAL


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 (approximately 6 months), 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 year)	SPH & VGH	604-806-9901	604-675-2639
Cardiac Rehabilitation (Healthy Heart) 6-month program of exercise, education and counseling for patients with cardiovascular disease, including acute coronary syndrome, PCI, CABG, arrhythmias, valve disease, heart failure, and heart transplant. Also for PVD, diabetes, CKD, and metabolic syndrome. Program fees may apply. Virtual program is an option.	SPH	604-806-9270	604-602-8665
	VGH	604-875-5389	604-875-5794
Urgent / STAT / Chest Pain 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 to 4 weeks.	SPH	604-296-0655	604-689-4219
	VGH	604-875-4800 opt.6	778-504-9745
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
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 (V-PACH) Assessment and cardiac management for adults with congenital heart disease.	SPH	604-806-8520	604-806-8800
Heritable Aortopathies (HAC) Comprehensive, multisystem assessment genetic disorders that effect the aorta. (e.g. Loey Dietz, Marfan Syndrome).			604-602-8644
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 number of weeks pregnant.			604-602-8643
Thoracic Aortic Disease Program 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	778-504-9744
Cardio Risk / Prevention / Lipid Multidisciplinary assessment and management (nurse educator, dietitian, 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
	VGH	604-875-5092	604-875-5761
Cardio-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.

PHC & VCH CARDIOLOGY REFERRAL


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
Cardiac Rehabilitation (Healthy Heart) A program for people who are recovering from cardiac-related interventions or who are trying to prevent cardiac or other chronic disease. Patient sees a multi-disciplinary team, includes physician oversight and an exercise / activity program. Virtual options may exist. <ul style="list-style-type: none"> • North Shore – Refer all post-OHS or STEMI patients to Cardiac Home Follow-up Program as first step towards cardiac rehabilitation. • Powell River - No program exists. Consider referral to virtual CR at VGH or SPH 	Squamish	604-892-2293	604-892-2327
	Sechelt	604-885-7103	833-619-1083
	North Shore	604-904-0810 (If OHS/STEMI: 604-961-8222)	604-904-0812 (If OHS/STEMI: 604-984-3829)
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 pre-syncope, 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
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
Healthy Heart Program 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

 Change requests to this form can be emailed to CardiacRCP@vch.ca