

PATIENT LABEL HERE	
Last Name:	First Name:
Preferred Name:	
DOB (dd/mm/yyyy):	PHN:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say	Primary Care Provider:

For more information on criteria, please visit: www.albertareferraldirectory.ca

This referral form can also be completed electronically in Connect Care by searching: **AHS PROV WCHC CAT**

TODAYS DATE: _____

REFERRING PHYSICIAN: _____

PLEASE ENSURE ALL THE FOLLOWING INFORMATION IS INCLUDED WITH YOUR REFERRAL (additional indication specific requirements listed in table below):

- Referral Letter including History Medication List Lab Results Cardiac Imaging

I would like my patient to be seen for the following: **PLEASE CHECK ALL THAT APPLY.**

Arrhythmia: **Referrals must include baseline ECG with ECG documentation of AF, AFL, SVT or VT.**

- Opinion for Ablation
- Evaluation and Management of:
 - Premature Ventricular Contractions (PVC)
 - VT
 - SVT
 - Syncope
- Management of atrial fibrillation or flutter

Autonomic Dysfunction (POTS): **Must have baseline ECG and full orthostatic vitals (up to 10min) sitting and standing, including a comment stating no stimulants were taken within 72hrs.**

Evaluation of Non-Obstructive Microvascular Disease: **Symptoms and Testing MUST be completed.**

Presenting Symptoms (select all that apply):

- Persistent or recurrent chest discomfort
- Rest angina (e.g., early morning, post-prandial)
- Angina equivalent with functional limitation (e.g., dyspnea with exertion without other etiology)
- Chest pain with triggers suggestive of vasospasm (e.g., cold exposure, emotional stress)

Testing Results (select all that apply):

- Non-obstructive CAD (<50% in all major epicardial vessels) on CTA or Angiography
- Stress imaging with ischemia and <50% CAD (on CTA or Angiography)
- Elevated troponin with normal coronaries (<50% on CTA or Angiography; low risk MPI)
- Low Risk Perfusion on Stress Imaging with one of the above presenting symptoms

Confirmed diagnosis of Non-Obstructive Microvascular Disease or Vasospasm for management consult.

Confirmed diagnosis of Spontaneous Coronary Artery Dissection for management consult.

We strive to provide comprehensive care which may include a referral to other appropriate services as needed.

Following consultation, patients are transferred back to their regular GP or Specialist or Cardiologist for continued care.

WE WILL CONTACT THE PATIENT WITH AN APPOINTMENT

PLEASE FAX FORM TO: 403-956-2694 CLINIC PHONE: 403-956-2657