LIBIN
WOMEN'S CARDIOVASCULAR HEALTH CLINIC

PATIENT LABEL HERE	
Last Name:	First Name:
Preferred Name:	
DOB (dd/mm/yyyy):	PHN:
Sex: ☐ Male ☐ Female ☐ 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 <u>and</u> Testing MUST be completed.**

<u>Presenting Symptoms (select all that apply):</u>
- ☐ 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)

<u>Testing Results (select all that apply):</u>
- ☐ 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