## REFERRAL



100, 4075 - 106 St NW Edmonton, AB I T6J 7H3 TEL: 587-635-5220 FAX: 587-635-5222

PATIENT INFORMATION  Label Here	Date: Physician Name Physician Addre Physician Numb Physician Signa	IG PHYSICIAN  ::  :ss:  per:  ture:
	URGENCY	
☐ ASAP ☐	Urgent (within 2 weeks) Semi-Urgen	t (more than 2 weeks)
CONSULT	CARDIAC DIAGNOS	STIC EXAMINATION
Consultation Requested:  Cardiology/Internal Medicine CV Risk Management Other Clinical Notes:	Myocardial Perfusion Imaging (MPI)    Exercise MPI with consult   Pharmacological MPI with consult  Does Your Patient Have:  Diabetes   Yes   No Asthma   Yes   No Pacemaker   Yes   No ICD   Yes   No CABG   Yes   No Height cm/in Weight lb/kg  Patient Likehood of CAD:   Low   Intermediate   High	Indications: Please check all that apply:  Abnormal ECG CAD / CHF Post PCI F/U known stable CAD Abnormal Treadmill Stress Test Functional Significance Coronary Stenosis Murmur Chest pain Shortness of breath Palpitations / Arrhythmias (suspected/known history of arrhythmias) Edema / PND / Orthopnea Hypertension / Left ventrical hypertrophy
□ Active Medication List  □ OR □ Patient to Provide List	□ Echocardiogram □ Carotid Ultrasound □ Exercise Stress Test with consult □ Stress Echocardiogram (needs Cardiology consult) □ 24 Hour Holter Monitor □ 48 Hour Holter Monitor □ 5 Day Holter Monitor □ ECG - Electrocardiogram □ 24 Hour BP Monitor	<ul> <li>□ Cardiovascular risk assessment         (i.e. plaque presence, carotid intimal medical thickness)</li> <li>□ Syncope / Presyncope / Vertigo / Dizziness</li> <li>□ Stroke / TIA</li> <li>□ Carotid bruit</li> <li>□ Follow-up of known carotid stenosis</li> <li>□ Post-surgical angiographic intervention follow-up</li> <li>□ Diabetes</li> <li>□ Hypo / Hyper Thyroid</li> </ul>

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