Alberta Health Services

HRN: Site: DOB: yyyy/mon/dd
Last Name: First and Additional Names:
PHN: Gender: Age in Years:
Admitting Physician: Encounter #:
Address: Street, City, Province, Postal Code
Telephone Number:
Date of Admission: yyyy/mon/dd Family Physician:

# Cardiac Procedures Catheterization Referral

*(Foothills Medical Centre)*

**Fax**: **Outpatient** referrals to **403-944-3200 or 403-776-0438**

**Inpatient** referrals to **403-270-4036**

| Patient Location ☐ Home ☐ Inpatient-unit *(Specify)*____________ | ☐ Patient is aware ☐ Can attend short notice | Goals of Care | Date of Request *(yyyy-Mon-dd)* |
|---|---|---|---|
| Allergies | Patient Height *(cm)* | Patient Weight *(kg)* | Isolation ☐ Yes ☐ No If yes, specify _____________ |

| Referring Physician | Phone | Fax | Family Physician |
|---|---|---|---|

**Requested Procedure** ☐ Left Heart Cath ☐ Right & Left Heart Cath
☐ PCI ☐ TAVI Workup ☐ Previous Bypass Grafts
☐ Other *(Specify)*______________________________________

Requested Physician
☐ or 1st available

**Reason for Referral**
☐ Stable/Unstable Angina ☐ CAD ☐ CHF ☐ Cardiomyopathy
☐ STEMI ☐ NSTEMI
☐ Aortic Stenosis Valve Area: ________cm2 Gradient: ________mmhg
☐ Valve *(Specify Valve)* ☐ AV ☐ MV ☐ PV ☐ TV
☐ Congenital *(Specify)*____________ ☐ Other *(Specify)*________________

**Documents Required to Triage** *(attach)*
☐ ECG
☐ History
☐ Copy of cardiac tests
☐ Current Labs *(electrolyte panel/cbc/creatinine/GFR/ INR)*
☐ Medications *(provide list)*

**Current Antithrombotic Therapy**
Is patient using any of the following medications *(check all that apply)*: ☐ Coumadin ☐ Dabigatran
☐ Rivaroxaban ☐ Apixaban ☐ Enoxaparin ☐ Fondaparinux ☐ Heparin
**Anticoagulant Instructions** Stop date ____________ Last dose taken ____________

**Comorbidity Assessment** *(if performed)*
☐ Diabetes ☐ IDDM ☐ NIDDM
On Metformin? ☐ Yes ☐ No
☐ Previous Cath or PCI *(most recent)*:__________________
☐ Previous CABG *(most recent)*:______________________
☐ Previous Valve Surgery:
☐ Mechanical ☐ Bioprosthetic ☐ AV ☐ MV ☐ TV
☐ Atrial Fibrillation
☐ Apical Thrombus
☐ Cardiomyopathy ☐ Cardiac Family History
☐ Cerebral vascular disease ☐ COPD
☐ Dyslipidemia ☐ History of CHF
☐ Hypertension ☐ Infective Endocarditis
☐ Peripheral Vascular Disease ☐ Arrhythmia
☐ Smoker
☐ Renal Insufficiency ☐ Dialysis ☐ Hemo ☐ Peritoneal

**Risk Score**
Angina Class ☐ o ☐ i ☐ ii ☐ iii ☐ iv

Heart Failure Class ☐ i ☐ ii ☐ iii ☐ iv

**Test Results Risk Score** *(if performed)*

Excercise ECG ☐ High ☐ Intermediate ☐ Low
ECG ☐ High ☐ Intermediate ☐ Low

LV Function
☐ Greater than/equal to 50% ☐ 35-49%
☐ 20-34% ☐ Less than 20%

Perfusion Imaging ☐ High ☐ Intermediate ☐ Low
Stress Echo ☐ High ☐ Intermediate ☐ Low
CT Angio ☐ High ☐ Intermediate ☐ Low

| **Abnormal Labs** *(to be completed by Triage)* | Creatinine/GFR | Grace Score |
|---|---|---|

**Triaged Estimated Urgency** ☐ **Urgent Priority** ☐ **Urgent** ☐ **Semi-Urgent** ☐ **Routine**

**Notes**

| Consulting/Approving Cardiologist | Triaged by | Date *(yyyy-Mon-dd)* |
|---|---|---|