



# REFERRAL FORM

## Kawartha Cardiology Clinic

327 Charlotte Street, Peterborough ON  
705-740-2043 ext. 260



Referral Date:  Referring Provider: CPSO#: Signature:	Referral Location: <input type="checkbox"/> ER <input type="checkbox"/> Clinic/Office	Patient Demographics/label:  Patient Name: DOB: Phone:
-------------------------------------------------------------------	---------------------------------------------------------------------------------------------	--------------------------------------------------------------------

**Brief History/Reason for referral:**

### INTEGRATED VASCULAR MANAGEMENT CLINICS (IVMC):

- Please attach ALL appropriate clinical records, test results and ECG's.
- Incomplete referrals will NOT be accepted.
- If the patient does not meet criteria for the specific clinic requested they will either be moved to a more appropriate clinic or the referral will be declined.
- FAX referrals to **705-743-3548**

<input type="checkbox"/>	<b>Chest Pain Clinic</b>	Urgent referral for patients who are thought to have <b>possible ischemic chest discomfort</b> or <b>acute pericarditis</b> .	<ul style="list-style-type: none"> <li>• Patients will be triaged based on information provided. Most patients will be seen w/i 1 business day</li> <li>• Patient will be <b>contacted by phone</b> next business day between <b>0700 and 0900 am</b>. If the patient does not answer the phone or is unavailable for testing assessment may be delayed.</li> <li>• Patient will be expected to <b><u>attend testing at the clinic the day they are called.</u></b></li> <li>• All referrals must include troponins, ECG's, d-dimer, where appropriate</li> <li>• Please ensure pulmonary embolism is adequately ruled out if the patient has pleuritic CP</li> </ul>
<input type="checkbox"/>	<b>Heart Function Clinic</b>	Urgent referral for <b>new or existing congestive heart failure with <u>recent acute decompensation.</u></b>	<ul style="list-style-type: none"> <li>• If the patient has <b>isolated</b> shortness of breath, edema or elevated BNP without clear CHF consider echo +/- referral to alternative clinic below to allow for patients to be seen in appropriate time frames</li> <li>• Patient will be <b>contacted by phone.</b></li> </ul>
<input type="checkbox"/>	<b>Atrial Fibrillation Clinic</b>	Urgent referral for <b>new or challenging atrial fibrillation or atrial flutter.</b>  Anticoagulation has been prescribed: <input type="checkbox"/> DOAC <input type="checkbox"/> Warfarin <input type="checkbox"/> Contraindicated: _____	<ul style="list-style-type: none"> <li>• If anticoagulation is indicated and there are no contraindications, <b>please initiate prior to referral to prevent delays.</b></li> <li>• If you have questions regarding initiation of anticoagulation please call <b>705-740-2043, ext 252</b></li> <li>• Afib that is well controlled or long-standing should be referred as a non-urgent referral below</li> </ul>

## KCC REFERRAL FORM

<input type="checkbox"/>	<b>Rapid Access Clinic (RAC)</b>	<p><b>Urgent</b> referral to Cardiology.</p> <p>*Testing and triage will be performed within 2 weeks*</p> <p>** Please use general referral below for non-urgent issues which will be triaged appropriately **</p>	<ul style="list-style-type: none"> <li><b>Examples of appropriate reasons for consultation include:</b> possible pericardial effusion; syncope with known cardiac disease or with no prodrome or with abnormal ECG; new significant moderate to severe LV dysfunction without signs of heart failure; new symptomatic severe valve lesion</li> <li>If the referral does not meet RAC criteria the patient will be triaged and booked appropriately based on urgency.</li> </ul>
<input type="checkbox"/>	<b>TIA Clinic</b>	<p>Urgent referral for assessment by a vascular physician (usually a Cardiologist) for patients who have experienced <b>transient stroke-like symptoms</b>.</p> <p><b>Neuroimaging completed:</b></p> <p><input type="checkbox"/> CT</p> <p><input type="checkbox"/> CTA</p> <p><input type="checkbox"/> MRI/MRA</p> <p><b>Antiplatelet or anticoagulation initiated:</b></p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> Known contraindication</p> <p>_____</p>	<ul style="list-style-type: none"> <li>The clinic aims to rapidly identify a vascular cause for the patients symptoms.</li> <li>Your patient will <b>not be seen by a neurologist</b>. Where appropriate the TIA physician may choose to refer to Neurology for further assessment.</li> <li>If you think your patient would benefit from an <u>urgent neurology</u> assessment a referral should be initiated at the time of assessment to avoid delays in treatment.</li> <li>If there is a plausible alternative diagnosis, ex/ Bell's Palsy, giant cell arteritis, further work-up +/- treatment should be initiated by the referring provider.</li> <li>Please inform your patient <b>not to drive</b> until they are assessed by the vascular physician.</li> </ul>
<input type="checkbox"/>	<b>Post-Stroke Clinic</b>	<p>Non-urgent referral work-up and treatment of risk factors for patients who have experienced an <b>ischemic stroke of unclear etiology</b>.</p>	<ul style="list-style-type: none"> <li>Patients who have experienced a <u>hemorrhagic stroke or stroke secondary to carotid or vertebral dissection</u> should <b>NOT</b> be referred to the post-stroke clinic. These patients should be referred to Neurology directly.</li> <li>If the patient has poorly controlled hypertension with one of the above diagnoses, please refer to the Rapid Access Clinic.</li> </ul>
<input type="checkbox"/>	<b>Vascular Risk Optimization Clinic</b>	<p><b>Routine</b> consultation for assessment of vascular risk and optimization of vascular risk factors</p>	

### GENERAL CARDIOLOGY REFERRAL:

**Fax to Booking Office: 705-749-9611**

<input type="checkbox"/>	<p>All other referrals not applicable to the specialty clinics above</p>	<p>Referral will be triaged by the receiving cardiologist. Please send sufficient info to allow for appropriate triage.</p>
--------------------------	--------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------