REFERRAL FORM
Kawartha Cardiology Clinic

327 Charlotte Street, Peterborough ON
T: 705-740-6888

Referral Date: Referring Provider: Billing#: Signature:	Referral Location: ☐ ER ☐ Clinic/Office	Patient Demographics/label: Patient Name: DOB: Phone:

Brief History/Reason for referral (mandatory):

- **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.**
- **Due to large patient volumes, if the patient is actively followed by a Cardiologist elsewhere, we may not accept the referral.**
- **FAX referrals for IVMC/subspecialty clinics to 705-743-3548**

☐	**CHEST PAIN CLINIC**		
	Possible or probable ischemic chest pain	Urgent referral for patients who are thought to have **possible ischemic chest discomfort** **Consider HEART score or similar tool** **HEART score =** _____ If HEART score low, consider alternative diagnosis See page 3 for HEART score	• Patients will be triaged based on information provided. • Patients will be **contacted by phone** next business day for intake and triage purposes. If the patient does not answer the phone or is unavailable for testing, assessment may be delayed. • All referrals must include all appropriate clinical records, lab results, ECG's.
	Possible or probable pericarditis	Urgent referral for patients who are thought to have **acute pericarditis**.	• Please ensure pulmonary embolism is adequately ruled out if the patient has pleuritic CP • All referrals must include all appropriate clinical records, lab results, ECGs • Inflammatory markers (CRP/ESR) are strongly suggested
☐	**HEART FUNCTION CLINIC**		
		Urgent referral for **new or existing congestive heart failure with recent acute decompensation** or newly identified significant LV dysfunction	• If the patient has **isolated** shortness of breath or edema without clear CHF consider BNP/NT-pro-BNP, echo prior to referral • Patients will be **contacted by phone**.

□	**AFIB CLINIC**		
		Urgent referral for **new or challenging atrial fibrillation or atrial flutter.** Anticoagulation has been prescribed: □ DOAC □ Warfarin Contraindicated: __	• If anticoagulation is indicated and there are no contraindications, **please initiate prior to referral to prevent delays.** • Afib that is well-controlled or long-standing does not qualify
□	**RAPID ACCESS CLINIC (RAC)**		
		Expedited referral to Cardiology.	• **Examples of appropriate reasons for consultation include:** possible pericardial effusion; syncope with known cardiac disease or with no prodrome or with abnormal ECG; new significant moderate LV dysfunction without signs of heart failure; new symptomatic severe valve lesion • If the referral does not meet RAC criteria the patient will be triaged and booked appropriately based on urgency.
□	**POST ISCHEMIC STROKE CLINIC**		
		Non-urgent referral work-up and treatment of risk factors for patients who have experienced an **acute ischemic stroke of unclear etiology.**	• Patients who have experienced a hemorrhagic stroke or stroke secondary to carotid or vertebral dissection should NOT be referred to the post-stroke clinic. • If the patient has poorly controlled hypertension with one of the above diagnoses, please refer to the Rapid Access Clinic.
□	**VASCULAR RISK OPTIMIZATION CLINIC**		
		Routine consultation for assessment of vascular risk and optimization of vascular risk factors	

**** TIA CLINIC UPDATE: KCC is no longer accepting referrals for patients with possible/probable TIA.**

- If you are concerned that your patient may have a neurologic diagnosis then appropriate investigations should be undertaken (eg CT/CTA, carotid dopplers, holter, etc), and if felt necessary, these patients should be referred to neurology for assessment. If it is demonstrated that a patient has vascular disease, and you would like an assessment, then they may still be referred through the Vascular Risk Optimization Clinic.

GENERAL CARDIOLOGY REFERRAL:

Fax to Booking Office: 705-749-9611

□	All other referrals not applicable to the specialty clinics above	Referral will be triaged by the receiving cardiologist. Please send sufficient info to allow for appropriate triage.

The HEART score

Variable	Score of 0	Score of 1	Score of 2
History	nonspecific history for ACS, a history that is not consistent with chest pain concerning for ACS	mixed historic elements, a history that contains traditional & non-traditional elements of typical ACS presentation	specific history for ACS, a history with traditional features of ACS
Electrocardiogram	entirely normal ECG	abnormal ECG, with repolarization abnormalities[a] yet lacking significant ST depression	abnormal ECG, with significant ST deviation (depression ± elevation), either new or not known to be old (i.e., no prior ECG available for comparison)
Age (years)	age less than 45 years	age between 45 & 64 years	age 65 years or older
Risk Factors[b]	no risk factors	1 to 2 risk factors	3 or more risk factors OR documented cardiac or systemic atherosclerotic vascular disease[c]
Troponin[d]	troponin < discriminative level level	troponin elevated 1–3 times discriminative level	troponin elevated > 3 times discriminative level

Total HEART Score: risk category & recommended management strategy.
0-3: low risk, potential candidate for early discharge.
4-6: moderate risk, potential candidate for observation & further evaluation.
7-10: high risk, candidate for urgent or emergent intervention.
[a]BBB, LVH, digoxin effect, implanted right-ventricular pacemaker, past Ml, +/− unchanged repolarization abnormalities.
[b]DM, tobacco smoker, HTN, hypercholesterolemia, obesity, +/− family history of CAD.
[c]peripheral arterial disease, Ml, past coronary revascularization procedure, +/− stroke.
[d]It is recommended to use the local hospital standards for troponin abnormality determination.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6005932/