



REFERRAL FORM

Kawartha Cardiology Clinic

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



Referral Date: Referring Provider: CPSO #: Billing #: Signature:	Referral Location: ☐ ER ☐ Clinic/Office	Patient Demographics/label: Patient Name: DOB: Phone: Address: HCN:
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Brief History/Reason for referral (mandatory):

- Please attach ALL appropriate clinical records, test results and ECGs.
- 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.	

KCC REFERRAL FORM

☐	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 review of referral by cardiologist. Following review, appropriate investigations will be arranged based on the level of urgency as determined by the cardiologist.	• 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.
☐	VASCULAR RISK OPTIMIZATION CLINIC		
		Routine consultation for assessment of vascular risk and optimization of vascular risk factors	

**** Stroke/TIA CLINIC UPDATE: KCC will expedite testing. However, we are no longer accepting referrals for patients with possible/probable TIAs or confirmed stroke unless contributing cardiac pathology is identified.**

- 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.

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.
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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 $\pm$ 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	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.

^aBBB, LVH, digoxin effect, implanted right-ventricular pacemaker, past MI, +/- unchanged repolarization abnormalities.

^bDM, tobacco smoker, HTN, hypercholesterolemia, obesity, +/- family history of CAD.

^cperipheral arterial disease, MI, past coronary revascularization procedure, +/- stroke.

^dIt is recommended to use the local hospital standards for troponin abnormality determination.

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