



Hôpital St-Boniface Hospital



Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg
Caring for Health / À l'écoute de notre santé

CARDIAC SURGERY REFERRAL FORM

REFERRAL: Outpatient Inpatient Location: _____
 Patient Name: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Home Ph: () _____ Work/Cell Ph: () _____
 Date of Birth:

D	D	M	M	M	Y	Y	Y	Y	Y

 Gender: Male Female
 Age: _____
 MHSC#: _____ PHIN#: _____
 Other Health#: _____
 Needs Interpreter _____

REFERRING PHYSICIAN: *(Please print)*
 Name: _____
 Address: _____
 MD Contact #: _____
 Hospital Name: _____
 Unit/Ward Ph: () _____
 Cardiologist: _____
 Family Physician: _____

REASON FOR REFERRAL:
 CAD (Coronary Artery Disease)
 Valve
 Aortic Pathology
 TAVI (Transcatheter Aortic Valve Implantation)
 Other _____

TESTS COMPLETED AND ENCLOSED:
 Echo done Date:

D	D	M	M	M	Y	Y	Y	Y	Y

 Echo ordered
 Angio done Date:

D	D	M	M	M	Y	Y	Y	Y	Y

 Angio ordered
 CT done Date:

D	D	M	M	M	Y	Y	Y	Y	Y

 CT ordered
 Blood tests (attached)
 A1C _____ Creatinine _____ INR _____
 Recent EKG (attached)
 Other _____

CARDIAC HISTORY: No previous cardiac history
 Thrombolysis Previous MI Date:

D	D	M	M	M	Y	Y	Y	Y	Y

CCS / ACS ANGINA CLASS
 Coronary Artery Disease 0 I II III IV
 Acute Coronary Syndrome
 IV-A Low Risk IV-B Intermediate Risk
 IV-C High Risk IV-D Emergent
 Heart Failure Class NYHA Class: I II III IV
 Sternotomy
 Coronary Artery Bypass Grafting
 Valve
 Pacemaker/ICD PTCA Stent CHF
 Current Status: _____

MEDICAL HISTORY: Allergies _____
 Height: _____ Weight: _____ BMI: _____
 Diabetes Diet Oral Insulin Combined
 Dialysis
 Current Smoker Past Smoker
 Family history of Coronary Artery Disease
 Active Endocarditis
 Hypertension
 Hyperlipidemia
 CVA TIA Date:

D	D	M	M	M	Y	Y	Y	Y	Y

 Peripheral Vascular Disease

D	D	M	M	M	Y	Y	Y	Y	Y

 COPD FeV1 _____ Mild / Moderate / Severe
 OSA ON CPAP Yes No
 History of Cancer (≤ 5 years)
 History of Bleeding (≤ 1 year)
 Other _____
 Current medications: list enclosed

Informed and discussed with patient and/or significant others of timely access to care options for this procedure.

MD SIGNATURE _____ Date:

D	D	M	M	M	Y	Y	Y	Y	Y

PLEASE FAX COMPLETED REFERRAL TO: 204.231.5493 • FOR INQUIRIES PLEASE CALL: 204.258.1852

For office use only: Date Entry:

D	D	M	M	M	Y	Y	Y	Y	Y

 Appt Date:

D	D	M	M	M	Y	Y	Y	Y	Y

 Category A - Fit and Ready B - Delay due to Medical C - Delay due to personal Choice

LEGEND:

A1C – Glycated Hemoglobin Test
 ACS – American Cardiovascular Society
 BMI – Body Mass Index
 CCS – Canadian Cardiovascular Society
 CHF – Congestive Heart Failure
 COPD – Chronic Obstructive Pulmonary Disease
 CPAP – Continuous Positive Airway Pressure
 CT – Computerized Tomography
 CVA – Cardio Vascular Accident
 FEV1 – Forced Expiratory Volume
 ICD – Internal Cardiac Defibrillator
 INR – International Normalized Ratio
 MI – Myocardial Infarction
 NYHA – New York Heart Association
 OSA – Obstructive Sleep Apnea
 PTCA – Percutaneous Transluminal Coronary Angioplasty
 TIA – Transient Ischemic Attack

TABLE 1: CCS CLASSIFICATION FOR STABLE CAD	
CCS ANGINA CLASS	CRITERIA
0	Asymptomatic
I	Ordinary physical activity such as walking or climbing stairs does not cause angina Angina with strenuous, rapid, or prolonged exertion at work or recreation
II	Slight limitation of ordinary activity. Walking or climbing stairs rapidly, walking uphill, walking or stair climbing after meals, or in cold, or in wind or under emotional stress, or during the few hours after awakening. Walking more than 2 blocks on the level and climbing more than one flight of stairs at a normal pace and in normal conditions.
III	Marked limitation of ordinary physical activity. Walking one or two blocks on the level or climbing one flight of stairs in normal conditions and at a normal pace.
IV	Inability to carry out any physical activity without discomfort. Anginal syndrome may be present at rest.

HEART FAILURE CLASSIFICATION (NYHA FUNCTIONAL CLASS)

CLASS I – No symptoms with ordinary physical activity.
 CLASS II – Symptoms with ordinary activity. Slight limitations of activity.
 CLASS III – Symptoms with less than ordinary activity. Marked limitation of activity.
 CLASS IV – Symptoms with any physical activity or even at rest.