



Cardiac Catheterization Referral Form

Name:
Address:
City: Province: Postal Code:
Phone: Home: Cell/Work:
DOB: Age: Sex: M F
Height: cm Weight: kg
MHSC#: PHIN#:

SBH Phone: 204.237.2334 Fax: 204.235.3586

Request Date: www.cardiacsciencesmb.ca

Referring Physician:(print)

MD Contact Phone #:

Hospital Name:

Unit/Ward: Ward Phone #

Isolation: Yes No ACP Status

Translator Needed? Yes No Language:

Allergy: X-ray Contrast ASA No Known Allergy
Latex Other:

Mandatory Information Required:

Out Patients - Send Consult History, all PCI Reports, most recent Angiogram, MIBI, ECHO, Stress Tests, CABG OR Reports as well as 12 lead ECG and Blood work Results within 12 weeks.

In Patients - Send Emergency Record, Admission Note, Consultation Letter, 12 lead ECG (most acute) and most recent Blood work Results.

To Be Completed By Physician

Procedure requested:

Coronary Angiography Left Heart Cath
Planned PTCA/Stent Right Heart Cath
Myocardial biopsy Shunt Run
Consult Nitric Oxide Reversibility
Other: Supravalvular aortogram

Non-Invasive Risk Stratification Tests (check if complete and include copy)

Exercise stress test
Myocardial perfusion imaging/scan
Stress echocardiogram
CT coronary angiogram
Other

Referral Inpatient Outpatient

Reason for Cardiac Cath: (check all reasons) see codes & definitions on reverse

STEMI NSTEMI Unstable angina
Thrombolytics (this admit): Date: Time:
TNK RPA
Stable Angina
CCS Angina class: I II III IV
Atypical

Heart Failure NYHA class: 1 2 3 4

Valvular Disease: (include Echo/Cath report) None

Aortic stenosis Aortic regurgitation
Mitral stenosis Mitral regurgitation
Severity: mild moderate severe

Valve area (cm²): Comments:

Other (specify):

Cardiac History: No Previous Cardiac History

Previous MI < 1 week - 3 months > 3 months
Prosthetic valve CHF
Previous Bypass Surgery Yes No Yr Location
Previous Angiogram Yes No Yr Location
Previous PTCA Yes No Yr Location

Most Recent Lab Data: (48 - 72 hours for Inpatients)

Peak Troponin Platelets:
Hemoglobin (g/l): Creatinine (umol/L):
Potassium:

Comorbidity Assessment:

Family History - CAD Yes No
Hypertension Yes No
Atrial fibrillation/flutter Yes No
Dyslipidemia Yes No
Diabetes Yes No
If yes Type I Type II Insulin Oral
Smoking - Current Yes No
Severe COPD (FEV1<1L) Yes No
Cerebrovascular Event Yes No
Renal Insufficiency Yes No
Dialysis Yes No Days
Peripheral Arterial Disease Yes No
History of GI bleed Yes No
Malignancy < 5 years Yes No

On Antithrombotics Yes No
ASA Clopidogrel (Plavix) Ticagrelor
Enoxaparin Fondaparinux IV Heparin Edoxaban
Warfarin Dabigatran Rivaroxaban Apixaban
Other:

Comments/Pertinent Physical Findings:

Signature (Referring Physician)

Date: [grid]

## Cardiac Catheterization Referral Form: Codes & Definitions (rev. 2000-02-21)

### CCS ANGINA CLASS

<u>Class</u>	<u>Criteria</u>
CCS 0	Asymptomatic
CCS 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.
CCS II	Slight limitation of ordinary activity. Walking or climbing stairs rapidly, walking uphill, walking or stair climbing after meals, or in the 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.
CCS 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.
CCS IV	Inability to carry out any physical activity without discomfort -- anginal syndrome <i>may</i> be present at rest.

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### HEART FAILURE CLASS (NYHA definitions)

<u>Class</u>	<u>Criteria</u>
1	No symptoms with ordinary physical activity.
2	Symptoms with ordinary activity. Slight limitations of activity.
3	Symptoms with less than ordinary activity. Marked limitation of activity.
4	Symptoms with any physical activity or even at rest.

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<b>Legend:</b>	ACP - Advance Care Plan	INR - International Normalized Ratio	NYHA - New York Heart Association
	CAD - Coronary Artery Disease	LBBS - Left Bundle Branch Block	PTCA - Angiogram and Percutaneous
	CCS - Canadian Cardiovascular Society	LMWH - Low Molecular Weight Heparin	Transluminal Coronary Angioplasty
	CHF - Congestive Heart Failure	LVEF - Left Ventricle Ejection Fraction	RPA - Reteplase
	COPD - Chronic Obstructive Pulmonary Disease	LVH - Left Ventricular Hypertrophy	STEMI - ST Elevation Myocardial Infarction
	CPK - Creatine Phosphokinase	MI - Myocardial Infarction	TIA - Transient Ischemic Attack
	CVA - Cerebral Vascular Accident	NSTEMI - Non ST Elevation Myocardial	TNK - Tenecteplase
	ECG - Electrocardiogram	Infarction	
	ECHO - Echocardiogram		