

CATH REFERRAL

DATE OF REQUEST (DOR): - -

Date Format YYYY-MM-DD

IMPORTANT: Notify CATH centre of any change in the patient's condition

PHYSICIAN DETAILS

NAME of Referring Physician

Type

- ☐
- Specialist
- ☐
- Family/GP
-
- ☐
- Referring MD is out-of-province

NAME of GP/Family Physician (if different from Referring)

Date of Request for Specialist Consult

 - -

Date Format YYYY-MM-DD

NAME of Requested Procedural Physician(s)

☐ or 1st Available

PRIMARY REASON FOR REFERRAL

- ☐
- Coronary Disease (CAD)
-
- ☐
- Stable CAD
- ☐
- Unstable Angina
-
- ☐
- STEMI
- ☐
- NSTEMI
-
- ☐
- Rule Out CAD
-
- ☐
- Other:
-
- ☐
- Research
- ☐
- Biopsy

SECONDARY REASON

- ☐
- Aortic Stenosis
- ☐
- Heart Failure
-
- Echo valve area
-
- cm
- ²
- ☐
- Congenital
-
- Echo gradient
-
- mmHg
- ☐
- Arrhythmia Specify
-
- ☐
- Other Valvular
- ☐
- Cardiomyopathy
-
- ☐
- Other Specify

REQUEST TYPE

- ☐
- Referral for CATH and consultation regarding subsequent management
- ☐
- No consult required - CATH only

URGENCY (estimate from Referring Physician) (select 1 only)

- ☐
- Emergent
- ☐
- Urgent (while still in hospital)
- ☐
- Urgent (within 2 wks)
- ☐
- Elective

PATIENT WAIT LOCATION

- ☐
- Hospital:
-
- Specify
-
- ☐
- Home
- ☐
- ICU/CCU
- ☐
- Ward:
-
- Specify
- ☐
- Other:
-
- Specify

Translator Required? ☐ No ☐ Yes: Language

RECENT or PREVIOUS MI

History of MI ☐ No ☐ Yes
☐ 1-3 Months ☐ >3-6 Months ☐ >6-12 Months ☐ >1 Year ☐ UnknownRecent MI (Within 30 Days) ☐ No ☐ Yes Date: - -
☐ Date unknown

HEART FAILURE CLASS (NYHA)

☐ I ☐ II ☐ III ☐ IV ☐ Not applicableREST ECG ☐ Done ☐ Not done

Ischemic changes at rest?

- ☐
- Yes
- ☐
- No
- ☐
- Uninterpretable
-
- Type:
- ☐
- Not applicable
- ☐
- Persistent
-
- ☐
- Transient w/ pain
- ☐
- Transient w/o pain

EXERCISE ECG ☐ Done ☐ Not doneRisk: ☐ Not applicable
☐ Low ☐ High ☐ UninterpretableFUNCTIONAL IMAGING ☐ Done ☐ Not doneRisk: ☐ Low ☐ High ☐ Not applicableLV FUNCTION ☐ Done ☐ Not doneMethod: ☐ Other ☐ ECHO ☐ MUGA ☐ VentriculogramFindings: ☐ I (>=50%) ☐ II (35-49%) ☐ III (20-34%) ☐ IV (<20%)☐ Not applicableLV Function Percentage: %Date of EF Assessment: ☐ Unknown☐ < 1 Month ☐ 1-3 Months ☐ >3-6 Months ☐ 6+ Months

OTHER FACTORS affecting prioritization

☐ Other clinical factors ☐ Non-clinical factors

Patient Information (Addressograph)

Pt Name: DOB: / / MRN/Hospital Chart #: Address: City/Town: Province: Postal Code: E-mail Contact: Home Phone #: - - Other Contact #: - - Health Card Number:

For Coordinator Use ONLY

RMWT

URS

WAIT

Referral Date: - - Acceptance Date: - - Inpt Admit Date: - - Booking Date: - - Transfer Date: - - Discharge Date: - -

Scheduling Details

Date Format YYYY-MM-DD

☐ DART - - to - - ☐ CANCELLATION - - ☐ MEDICAL DELAY - -

FAX CATH Report to:

Person/Organization: Fax Number: - - E-mail:

SPECIAL INSTRUCTIONS and/or BRIEF HISTORY

☐ Previous CATH done outside of Ontario

CCS/ACS ANGINA CLASS

Stable CAD

☐ 0 ☐ I ☐ II ☐ III ☐ IVDate: - -

Acute Coronary Syndrome (ACS)

☐ Low Risk (IV-A) ☐ Intermediate Risk (IV-B)☐ High Risk (IV-C) ☐ Emergent (IV-D)☐ Hemodynamically unstable (i.e., requires inotropic or vasopressor or balloon pump)

HEART FAILURE CLASS (NYHA)

☐ I ☐ II ☐ III ☐ IV ☐ Not applicableREST ECG ☐ Done ☐ Not done

Ischemic changes at rest?

- ☐
- Yes
- ☐
- No
- ☐
- Uninterpretable
-
- Type:
- ☐
- Not applicable
- ☐
- Persistent
-
- ☐
- Transient w/ pain
- ☐
- Transient w/o pain

EXERCISE ECG ☐ Done ☐ Not doneRisk: ☐ Not applicable
☐ Low ☐ High ☐ UninterpretableFUNCTIONAL IMAGING ☐ Done ☐ Not doneRisk: ☐ Low ☐ High ☐ Not applicableLV FUNCTION ☐ Done ☐ Not doneMethod: ☐ Other ☐ ECHO ☐ MUGA ☐ VentriculogramFindings: ☐ I (>=50%) ☐ II (35-49%) ☐ III (20-34%) ☐ IV (<20%)☐ Not applicableLV Function Percentage: %Date of EF Assessment: ☐ Unknown☐ < 1 Month ☐ 1-3 Months ☐ >3-6 Months ☐ 6+ Months

OTHER FACTORS affecting prioritization

☐ Other clinical factors ☐ Non-clinical factors

COMORBIDITY ASSESSMENT

Creatinine µmol/L

Dialysis

Diabetes

History of Smoking

Hypertension

Hyperlipidemia

Cerebral Vascular Disease (CVD)

Peripheral Vascular Disease (PVD)

COPD

Previous (CABG) Bypass Surgery

LIMA

Previous PCI

Anticoagulant

On IIb/IIIa Inhibitors

Dye Allergy

Possible Intracardiac Thrombus

Infective Endocarditis

Congenital Heart Disease

History of CHF

Ethnicity

☐ Known ☐ Pending ☐ Not done☐ No ☐ Yes☐ No ☐ Yes ☐ Diet ☐ Insulin ☐ Oral Hypoglycemics ☐ No Treatment☐ Never ☐ Current ☐ Former ☐ Unknown☐ No ☐ Yes☐ No ☐ Yes☐ No ☐ Yes ☐ Unknown☐ No ☐ Yes ☐ Unknown☐ No ☐ Yes☐ No ☐ Yes☐ No ☐ Yes☐ No ☐ Yes☐ No ☐ Yes☐ No ☐ Yes☐ Coumadin ☐ Heparin ☐ LMWH ☐ Dabigatran ☐ If Other ☐ No ☐ Yes☐ No ☐ Yes ☐ Unknown☐ No ☐ Yes ☐ Unknown☐ No ☐ Yes ☐ Unknown☐ No ☐ Yes☐ No ☐ Yes☐ White ☐ Aboriginal ☐ South Asian ☐ Asian ☐ Black ☐ Other ☐ UnknownHeight cmWeight kg

PATIENT OPTIONS for Timely Access to Care

☐ Check box if you (physician) have discussed with this patient (and/or significant others) timely access to care options for this procedure.

MD SIGNATURE

Date (YYYY-MM-DD):