BC Cardiac Catheterization Referral Form

☐ First Available Site	Tel	Fax
☐ Kelowna General Hospital	250.862.4358	250.862.4453
☐ Royal Columbian Hospital	604.520.4519	604.520.4002
☐ Royal Jubilee Hospital	250.370.8439	250.370.8918
☐ St. Paul's Hospital	604.806.8051	604.806.8637
☐ Vancouver General Hospital	604.875.4669	604.875.5142

*Information marked with *is mandatory*

Patient Name_____
DOB_____ Sex ☐ M ☐ F
PHN_____
Address_____ City_____
Prov _____ Postal Code_____
Patient Information or Label / Addressograph

REFERRAL DATE*	Referring Physician	Referring Telephone

→ *FAX Referral Form, History/Consult, ECG, lab results, MAR and Echo to Requested Hospital*

PATIENT LOCATION*	☐ Hospital (Inpatient)_____ Unit_____ Unit phone #_____	☐ Home (Outpatient)
URGENCY*	☐ **Emergent** → For emergent cases please phone the on-call Interventionalist at the requested hospital ☐ **Urgent In-Hospital** (24 to 48 hrs; max 5 days) ☐ **Urgent Out of Hospital** (within 2 wks) ☐ **Elective** (within 6 wks)	
ALLERGIES	☐ No Known ☐ Local Anesthetic ☐ Contrast ☐ ASA ☐ Other_____	
PROCEDURE REQUESTED*	☐ Diagnostic Cath ☐ Right Heart Cath ☐ Aortogram ☐ 1st Available Physician ☐ Cath +/- PCI ☐ TAVI workup ☐ Myocardial Biopsy ☐ Specific Physician _____ ☐ PCI (planned PCI) ☐ Pulmonary Resistance ☐ Other	
INDICATION*	☐ STEMI → If Fibrinolysis: *Date*_____ *Time*_____ ☐ NSTEMI → ☐ Ischemic ECG changes (ST or T) → ☐ Positive troponin/marker *Result*_____ ☐ Unstable Angina → Current Symptoms: ☐ Ongoing ☐ Re-MI ☐ Recurrent Pain ☐ CHF ☐ Arrhythmia ☐ None ☐ Stable Angina ☐ Valvular Heart Disease ☐ Congenital ☐ Arrhythmia → ☐ Aortic_____ ☐ Transplant ○ Pre ○ Post ☐ Heart Failure → ☐ Mitral_____ ☐ Research ☐ Cardiomyopathy → ☐ Other_____ ☐ Other_____	
CURRENT MEDICATIONS	☐ IV Inotropes ☐ LMWH ☐ ASA ☐ Warfarin ☐ IV Nitroglycerin ☐ Insulin ☐ Clopidogrel ☐ Prasugrel → ☐ Will hold prior to procedure ☐ IV IIb/IIIa ☐ Metformin ☐ Ticagrelor ☐ Other ____ → ☐ Will require bridging therapy ☐ IV Heparin ☐ Dabigatran → ☐ Perform on Anticoagulation	

CO-MORBIDITIES	☐ Hypertension ☐ Dyslipidemia ☐ Diabetes ○ Type I ○ Type II ☐ Smoking ○ Current ○ Former ☐ COPD ☐ Prior MI ☐ Prior PCI ☐ Prior OHS ○ CABG ○ Valve	☐ Cerebrovascular Event ○ Prior Stroke ○ Prior TIA ☐ Renal Insufficiency ○ Acute ○ Chronic ☐ Dialysis ○ HD ○ PD ☐ Peripheral Vascular Disease ☐ History of Heart Failure ☐ Suspected LV Thrombus ☐ GI Bleed within 1 year ☐ Other_____
CCS ANGINA CLASS*	Within 2 weeks ☐ I ☐ II ☐ III ☐ IV ☐ IVa ☐ IVb ☐ IVc	
NYHA CLASS*	Within 2 weeks ☐ I ☐ II ☐ III ☐ IV ☐ n/a	
PRIOR NON-INVASIVE TESTS	☐ Exercise Stress Test Date_____ Result: ☐ Positive ☐ Negative ☐ Indeterminate ☐ MIBI ☐ Other_____ Date_____ Result: ☐ Positive ☐ Negative ☐ Indeterminate	**LVEF**_____% Source_____
LAB VALUES*	Creatinine*_____ Hgb*_____ WBC____ Troponin____ eGFR_____ Platelets____ INR____ Other_____	
HEIGHT/WEIGHT	Height _____cm	Weight _____kg
SPECIAL INSTRUCTIONS/ BRIEF HISTORY		

Referring Physician's Signature*	Accepting Physician's Signature	Acceptance Date (dd/mm/yyyy)

Interior Health · fraserhealth · island health · Providence HEALTH CARE · Vancouver Coastal Health Promoting wellness. Ensuring care. · northern health the northern way of caring