



DT9291

CARDIOLOGY CONSULTATION ADULT

Note: Refer to the clinical alerts on the back of the form and favor, if available, the protocols of the Accueil Clinique before filling it out.

Use this form only for new consultation.

If not, the patient should contact their cardiologist's office in order to be seen.

Patient's first and last name			
Health insurance number		Year	Month
		Expiry	
Parent's first and last name			
Area code	Phone number	Area code	Phone number (alt.)
Address			
		Postal code	

Reason for consultation		Clinical priority scale: A: ≤ 3 days B: ≤ 10 days C: ≤ 28 days D: ≤ 3 months E: ≤ 12 months				
Retrosternal pain/ Angina	<input type="checkbox"/> Severe stable angina (CCS 3/4) <small>Use the "Accueil Clinique" form, if available and, depending on the patient's condition</small>	B	Rhythm disturbances	<input type="checkbox"/> Asymptomatic bradycardia with HR < 40 bpm or documented daytime > 3 second pauses	B	
	<input type="checkbox"/> Atypical chest pain with risk factors <small>Use the "Accueil Clinique" form, if available and, depending on the patient's condition</small>	C		<input type="checkbox"/> New-onset AF with resting heart rate < 110 bpm (<i>Prerequisite: start anticoagulant therapy if indicated</i>) <small>Use the "Accueil Clinique" form, if available and, depending on the patient's condition</small>	C	
	<input type="checkbox"/> Typical chest pain > 1 month duration or effort induced angina (CCS ≤ 2/4) <small>Use the "Accueil Clinique" form, if available and, depending on the patient's condition</small>	C		<input type="checkbox"/> SVT or suspected SVT	D	
	<input type="checkbox"/> Atypical chest pain without risk factors	D		<input type="checkbox"/> Benign palpitations <small>(Recommended: Holter)</small>	E	
CAD	<input type="checkbox"/> Post-myocardial infarction follow-up within the first year of event	D		Syncope	<input type="checkbox"/> Syncope with known heart disease	B
	<input type="checkbox"/> Post-myocardial infarction follow-up after first year of event	E			<input type="checkbox"/> Syncope without known heart disease	D
	<input type="checkbox"/> CAD without recent events	E			<input type="checkbox"/> Severe aortic or mitral valve disease	C
Dyspnea/ Heart failure	<input type="checkbox"/> Pronounced effort induced dyspnea (NYHA = 3/4) of new-onset or previously diagnosed but with recent deterioration	B			Valvular Heart disease	<input type="checkbox"/> Not previously investigated cardiac murmur or non-severe valvulopathy
	<input type="checkbox"/> New-onset ventricular dysfunction (ejection fraction < 50% if known)	C				
	<input type="checkbox"/> Unexplained effort induced dyspnea	D				
	<input type="checkbox"/> Heart-failure follow-up	E				
<input type="checkbox"/> Other reason for consultation or clinical priority modification (MANDATORY justification in the next section):					Clinical priority	

Suspected diagnosis and clinical information (mandatory)	(Attach relevant report or documents)

Special needs:	
Referring physician identification and point of service	
Referring physician's name	Licence no.
Area code Phone no.	Extension Area code Fax no.
Name of point of service	
Signature	Date (year, month, day)
Family physician: <input type="checkbox"/> Same as referring physician <input type="checkbox"/> Patient with no family physician	
Registered referral (if required)	
Family physician's name	
Name of point of service	
If you would like a referral for a particular physician or point of service	

Clinical alerts (non-exhaustive list)**Refer the patient to the Emergency-department**

- Suspected acute coronary syndrome, angina at rest
- Acute decompensated heart failure
- Rapid atrial fibrillation \geq 110 bpm at rest or poorly tolerated
- Sudden syncope (without prodrome)
- Symptomatic bradycardia with heart rate $<$ 40 bpm or documented daytime $>$ 3 second pauses