Santé et Services sociaux
Québec ⚜⚜

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.**

Reason for consultation	Clinical priority scale:	A: ≤ 3 days	B: ≤ 10 days	C: ≤ 28 days	D: ≤ 3 months	E: ≤ 12 months

Retrosternal pain/Angina

Reason	Priority
☐ Severe stable angina (CCS 3/4) Use the "Accueil Clinique" form, if available and, depending on the patient's condition	**B**
☐ Atypical chest pain with risk factors Use the "Accueil Clinique" form, if available and, depending on the patient's condition	**C**
☐ Typical chest pain > 1 month duration or effort induced angina (CCS ≤ 2/4) Use the "Accueil Clinique" form, if available and, depending on the patient's condition	**C**
☐ Atypical chest pain without risk factors	**D**

CAD

Reason	Priority
☐ Post-myocardial infarction follow-up within the first year of event	**D**
☐ Post-myocardial infarction follow-up after first year of event	**E**
☐ CAD without recent events	**E**

Dyspnea/Heart failure

Reason	Priority
☐ Pronounced effort induced dyspnea (NYHA = 3/4) of new-onset or previously diagnosed but with recent deterioration	**B**
☐ New-onset ventricular dysfunction (ejection fraction < 50% if known)	**C**
☐ Unexplained effort induced dyspnea	**D**
☐ Heart-failure follow-up	**E**

Rhythm disturbances

Reason	Priority
☐ Asymptomatic bradycardia with HR < 40 bpm or documented daytime > 3 second pauses	**B**
☐ New-onset AF with resting heart rate < 110 bpm *(Prerequisite: start anticoagulant therapy if indicated)* Use the "Accueil Clinique" form, if available and, depending on the patient's condition	**C**
☐ SVT or suspected SVT	**D**
☐ Benign palpitations *(Recommended: Holter)*	**E**

Syncope

Reason	Priority
☐ Syncope with known heart disease	**B**
☐ Syncope without known heart disease	**D**

Valvular Heart disease

Reason	Priority
☐ Severe aortic or mitral valve disease	**C**
☐ Not previously investigated cardiac murmur or non-severe valvulopathy	**E**

☐ **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   Stamp

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: ☐ Same as referring physician ☐ Patient with no family physician | Registered referral (if required)

Family physician's name | If you would like a referral for a particular physician or point of service

Name of 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 ≥ 110 bpm at rest or poorly tolerated
- Sudden syncope (without prodrome)
- Symptomatic bradycardia with heart rate < 40 bpm or documented daytime > 3 second pauses

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ADULT