



Hôpital St-Boniface Hospital



Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg
Caring for Health / À l'écoute de notre santé

CARDIAC SURGERY REFERRAL FORM

REFERRAL: Outpatient Inpatient Location: _____

Patient Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Ph: () _____ Work/Cell Ph: () _____

Date of Birth:

D	D	M	M	M	Y	Y	Y	Y	Y

 Gender: Male Female

Age: _____

MHSC#: _____ PHIN#: _____

Other Health#: _____

Needs Interpreter _____

REFERRING PHYSICIAN: *(Please print)*

Name: _____

Address: _____

MD Contact #: _____

Hospital Name: _____

Unit/Ward Ph: () _____

Cardiologist: _____

Family Physician: _____

REASON FOR REFERRAL:

- CAD (Coronary Artery Disease)
- Aortic Pathology
- Aortic Valve
- Other _____
- Pulmonic Valve
- Tricuspid Valve
- Mitrial Valve

CCS ANGINA CLASS

- 0 I II III IV

Heart Failure Class NYHA Class:

- I II III IV

TESTS COMPLETED AND ENCLOSED:

- Echo done Date:

D	D	M	M	M	Y	Y	Y	Y	Y
- Echo ordered
- Angio done Date:

D	D	M	M	M	Y	Y	Y	Y	Y
- Angio ordered
- CT done Date:

D	D	M	M	M	Y	Y	Y	Y	Y
- CT ordered
- Blood tests (attached)
 - A1C _____
 - Creatinine _____
 - INR _____
 - Albumin _____
 - Hemoglobin _____
- Recent EKG (attached)
- Other _____

- Informed and discussed with patient and/or significant others of timely access to care options for this procedure.
- Clinical Frailty Score completed (see reverse)

MD SIGNATURE

Date:

D	D	M	M	M	Y	Y	Y	Y	Y

PLEASE FAX COMPLETED REFERRAL TO: 204.231.5493 • FOR INQUIRIES PLEASE CALL: 204.258.1852

FOR OFFICE USE ONLY:

Date received

D	D	M	M	M	Y	Y	Y	Y	Y

Date Physician triage

D	D	M	M	M	Y	Y	Y	Y	Y

Date referring MD notified received

D	D	M	M	M	Y	Y	Y	Y	Y

Date Clinic Appointment

D	D	M	M	M	Y	Y	Y	Y	Y

Date Nurse contact

D	D	M	M	M	Y	Y	Y	Y	Y

Legend:

A1C - Glycated Hemoglobin Test, CCS - Canadian Cardiovascular Society, CT - Computerized Tomography, EKG - Electrocardiogram, INR - International Normalized Ratio, NYHA - New York Heart Association
January 28, 2019 7102-0613-0



CARDIAC SCIENCES * CLINICAL FRAILTY SCORE

Circle appropriate score



1. **Very Fit** - People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



2. **Well** - People who have **no active disease symptoms** but are less fit than category 1. Often they exercise or are very **active occasionally**, e.g. seasonally.



3. **Managing Well** - People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.



4. **Vulnerable** - While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being "slowed up", and/or being tired during the day.



5. **Mildly Frail** - These people often have **more evident slowing**, and need help in **high order Independent Activities Daily Living (IADL)** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



6. **Moderately Frail** - People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.



7. **Severely Frail** - **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



8. **Very Severely Frail** - Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



9. **Terminally III** - Approaching the end of life. This category applies to people with a **life expectancy < 6 months**, who are **not otherwise evidently frail**.

Signature: _____

Date

D	D	M	M	M	Y	Y	Y	Y	Y

K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005; 173:489-495.

TABLE 1: CCS CLASSIFICATION FOR STABLE CAD	
CCS ANGINA CLASS	CRITERIA
0	Asymptomatic
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
II	Slight limitation of ordinary activity. Walking or climbing stairs rapidly, walking uphill, walking or stair climbing after meals, or in 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.
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.
IV	Inability to carry out any physical activity without discomfort. Anginal syndrome may be present at rest.

HEART FAILURE CLASSIFICATION (NYHA FUNCTIONAL CLASS)	
CLASS I - No symptoms with ordinary physical activity.	CLASS IV - Symptoms with any physical activity or even at rest.
CLASS II - Symptoms with ordinary activity. Slight limitations of activity.	
CLASS III - Symptoms with less than ordinary activity. Marked limitation of activity.	