



CARDIAC CATHETERIZATION REFERRAL FORM

Name: Address: City: Province: Postal Code: Phone: Home: Cell/Work: DOB: Age: Sex: M F Height: Weight: MHSC#: PHIN#: ALLERGY: X-ray Contrast ASA No Known Allergy Latex Other:

SBH Phone: 204.235.3834 Fax: 204.235.3586 Request Date: www.cardiacsciences.mb.ca Referring Physician:(print) MD Contact Phone #: Hospital Name: Unit/Ward: Ward Phone # Isolation: Yes No ACP Status Translator Needed? Yes No Language:

MANDATORY INFORMATION REQUIRED:

Out Patients - Send Consult History, all PCI Reports, most recent Angiogram, MIBI, ECHO, Stress Tests, CABG OR Reports as well as 12 lead ECG and Blood work Results within 12 weeks.

In Patients - Send Emergency Record, Admission Note, Consultation Letter, 12 lead ECG (most acute) and most recent Blood work Results.

TO BE COMPLETED BY PHYSICIAN

Procedure requested:

- Coronary Angiography Left Heart Cath
Planned PTCA/Stent Right Heart Cath
Myocardial biopsy Shunt Run
Consult Nitric Oxide Reversibility
Other: Supravalvular aortogram

EXERCISE ECG (see Codes and Definitions on reverse)

- Not done Done Enclose copy

FUNCTIONAL IMAGING (see Codes and Definitions on reverse)

- Not done Done Enclose copy

Most Recent Lab Data: (48 - 72 hours for Inpatients)

Peak CPK Peak Troponin Hemoglobin (g/l): Platelets: INR: Potassium: Creatinine (umol/L):

REFERRAL Inpatient Outpatient

Reason for Cardiac Cath: (check all reasons) see codes & definitions on reverse

- STEMI NSTEMI Unstable angina
Thrombolytics (this admit): Date: Time: (24 hours)
TNK RPA
Stable Angina
CCS Angina class: I II III IV Atypical

Heart Failure NYHA class: 1 2 3 4

Valvular Disease: (include Echo/Cath report) None

- Aortic stenosis Aortic regurgitation
Mitral stenosis Mitral regurgitation
Severity: mild moderate severe

Valve area (cm²): Comments: Other (specify):

Cardiac History: No Previous Cardiac History

- Previous MI < 1 week - 3 months > 3 months
Prosthetic valve CHF
Previous Bypass Surgery Yes No Yr Location
Previous Angiogram Yes No Yr Location
Previous PTCA Yes No Yr Location

COMORBIDITY ASSESSMENT:

- Family History - CAD Yes No
Hypertension Yes No
Atrial fibrillation/flutter Yes No
Dyslipidemia Yes No
Diabetes Yes No
If yes Type I Type II Insulin Oral
Smoking - Current Yes No
Severe COPD (FEV1<1L) Yes No
Cerebrovascular Event Yes No
Renal Insufficiency Yes No
Dialysis Yes No Days
Peripheral Arterial Disease Yes No
History of GI bleed Yes No
Malignancy < 5 years Yes No

- On Antithrombotics Yes No
ASA Clopidogrel (Plavix) Ticagrelor
Enoxaparin Fondaparinux IV Heparin
Warfarin Dabigatran Rivaroxaban Apixaban
Other:

COMMENTS/PERTINENT PHYSICAL FINDINGS:

Signature (Referring Physician)

Date: D D M M M Y Y Y

Cardiac Catheterization Referral Form: Codes & Definitions (rev. 2000-02-21)

CCS ANGINA CLASS

<u>Class</u>	<u>Criteria</u>
CCS 0	Asymptomatic
CCS 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.
CCS II	Slight limitation of ordinary activity. Walking or climbing stairs rapidly, walking uphill, walking or stair climbing after meals, or in the 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.
CCS 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.
CCS IV	Inability to carry out any physical activity without discomfort -- anginal syndrome <i>may</i> be present at rest.

HEART FAILURE CLASS (NYHA definitions)

<u>Class</u>	<u>Criteria</u>
1	No symptoms with ordinary physical activity.
2	Symptoms with ordinary activity. Slight limitations of activity.
3	Symptoms with less than ordinary activity. Marked limitation of activity.
4	Symptoms with any physical activity or even at rest.

EXERCISE ECG (criteria for classification of risk)

<u>Risk</u>	<u>Criteria</u>
Low	Associated with minor or no convincing findings for ischemia on exercise, ECG, Holter monitor, or radionuclide scanning.
High	Considered High Risk if any of the following are true: At least 2.5 mm of ST segment depression ST segment elevation greater than 1mm in leads without Q-waves Low workloads (heart rate below 120/beats/min) Early onset ST segment changes in first stage (3 min.) ST segment depression lasting longer than 8 minutes into the recovery phase: or Maximum heart rate of less than 120 beats/minute on no cardio-inhibitory medication; or A drop of systolic blood pressure of at least 10 mmHg at any time during the test; or Three or more beats of ventricular tachycardia at any time during the test. HIGH HOLTER MONITOR: For ambulatory ECG monitoring, shows prolonged and unequivocal ischemia.
Uninterpretable	Significant resting ST segment depression, or Left Bundle Branch Block (LBBB), or LVH, or digoxin therapy, or paced rhythm or WPW.

FUNCTIONAL IMAGING (criteria for classification of risk; includes stress nuclear or stress echo)

<u>Risk</u>	<u>Criteria</u>
Low	Normal, or evidence of single-vessel disease not involving the anterior wall.
High	Clear evidence of multi-vessel disease or single-vessel disease involving a large segment of anterior wall.

Legend:	ACP - Advance Care Plan	INR - International Normalized Ratio	NYHA - New York Heart Association
	CAD - Coronary Artery Disease	LBBB - Left Bundle Branch Block	PTCA - Angiogram and Percutaneous
	CCS - Canadian Cardiovascular Society	LMWH - Low Molecular Weight Heparin	Transluminal Coronary Angioplasty
	CHF - Congestive Heart Failure	LVEF - Left Ventricle Ejection Fraction	RPA - Reteplase
	COPD - Chronic Obstructive Pulmonary Disease	LVH - Left Ventricular Hypertrophy	STEMI - ST Elevation Myocardial Infarction
	CPK - Creatine Phosphokinase	MI - Myocardial Infarction	TIA - Transient Ischemic Attack
	CVA - Cerebral Vascular Accident	NSTEMI - Non ST Elevation Myocardial	TNK - Tenecteplase
	ECG - Electrocardiogram	Infarction	
	ECHO - Echocardiogram		