

Date: _____

- RACE** (Rapid Access to Cardiac Evaluation Clinic; 72hrs)
- URGENT** (2wks) **SEMI-URGENT** (4wks) **ROUTINE**
- HEALTHY HEARTS PROGRAM** (Cardiac Rehabilitation; 4wks post PCI / CABG)

PATIENT INFORMATION

Label Here

REFERRING PHYSICIAN

Physician Name: _____

Physician Address: _____

Physician PRAC-ID: _____

Physician Signature: _____

Copies To: _____

CONSULT

- Dr. Anselm, Cardiology
- Dr. Azam, Internal Medicine, Diabetes
- Dr. Malik, Respiriology
- Dr. Shukla, Cardiology
- Dr. Stach, Gastroenterology
- Other: _____

REASON FOR REFERRAL:

CARDIAC TESTING

- ECG**
- 24 Hour Holter Monitor**
- 48 Hour Holter Monitor**
- Ambulatory BP Monitor**
- Echo**
- Echo Bubble Study**

CARDIOVASCULAR INDICATIONS Please check all that apply:

- Abnormal ECG
- Abnormal Treadmill Stress Test
- CAD / PCI / CABG
- Chest Pain
- CHF / Edema / PND / Orthopnea
- CV Risk Assessment
- Hypertension / LVH
- Murmur
- Palpitations / Arrhythmias
- Shortness of Breath
- Stroke / TIA
- Syncope / Presyncope
- Other: _____

- Exercise Stress Test** (No Imaging)
- Myocardial Perfusion Imaging (MPI)**
- Exercise Pharmacological

Height _____ cm in

Weight _____ kg lb

Does Your Patient Have:

- Diabetes Yes No
- Asthma Yes No
- Pacemaker Yes No
- ICD Yes No
- CABG Yes No

BONE HEALTH CLINIC

BMD INDICATIONS Please check all that apply:

- All women and men age \geq 65 years
- Current smoking age \geq 50 years
- Fragility fracture after age 40
- High alcohol intake \geq 3 per day
- High risk medication use (ie: aromatase inhibitors, androgen deprivation therapy, etc.)
- Low body weight (<60kg) or major weight loss (>10% of body weight at age 25)

- BMD**
- Internal Medicine Consult**

- Other high risk disorders (ie: type 1 diabetics, hyperparathyroidism, COPD, hypogonadism or early menopause)
- Parental hip fracture
- Prolonged glucocorticoid use
- Vertebral fracture or osteopenia identified on x-ray
- Other: _____