SOUTHERN ALBERTA MEDICAL REFERRAL

TEL: 403-580-8288
FAX: 403-580-8233

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, Cardiologist
- ☐ Dr. Azam, Internal Medicine, Diabetes
- ☐ Dr. Malik, Respirologist
- ☐ Dr. Musa, Cardiologist
- ☐ Dr. Sunni, Cardiologist
- ☐ 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**
- ☐ **Internal Medicine Consult**

BMD INDICATIONS *Please check all that apply:*

- ☐ All women and men age >= 65 years
- ☐ Current smoking age >= 50 years
- ☐ Fragility fracture after age 40
- ☐ High alcohol intake >= 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)
- ☐ 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: _____