

**CONSULT REQUEST**  
**Cardiology Referral**  
**Central Zone Fax: (902) 425-3768**

Family Physician \_\_\_\_\_  Other province  Other country

Refer to:  First available Cardiologist  Specific Cardiologist: \_\_\_\_\_

**Urgency:**  **Urgent** (< 1 week) Please contact Cardiologist on call  
 **Non Urgent**  **Semi Urgent** (frequent angina episodes, suspected cardiac source of embolus)

**Reason for referral/Chief Complaint:**

Chest pain or Coronary Artery Disease (CAD)  Murmur or valvular heart disease  Heart Failure  
 Palpitations, syncope, arrhythmia  Congenital  Second opinion  
 Assessment prior to non-cardiac surgery: Surgery: \_\_\_\_\_ Planned OR date: \_\_\_\_\_  
 Other \_\_\_\_\_

Other relevant clinical information: Justify urgency: \_\_\_\_\_

**Has the patient seen a Cardiologist within the last 2 years?**  Yes  No

**If yes, please specify cardiologist:** \_\_\_\_\_

**Cardiac History:**

Prior MI  Prior Percutaneous Coronary Intervention (PCI)  Prior cardiac surgery  Atrial fibrillation  
 Prior pacemaker or Implantable Cardioverter Defibrillator (ICD)  Other: \_\_\_\_\_

**Risk Factors:**

Hypertension  Smoking  Diabetes  Hyperlipidemia  Family History CAD  
 Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg Other: \_\_\_\_\_

**Please include the most recent information with your referral if available:**

Blood work  Latest medication list  ECG  Chest X-ray Other: \_\_\_\_\_

Referring Physician printed name	Signature	Date	Time

