

# Coronary Angiogram Referral

Kingston Health Sciences Centre

Fax referral to: 613-548-2407 Phone: 613-548-1399 ext. 2

Do NOT send forms to CorHealth Ontario

Centre des sciences de la santé de Kingston

Referring Physician (Print)	Patient Information
<p style="color: red;">Residents fill out the attending doctor's information</p> <p>Physician First Name: _____</p> <p>Physician Last Name: _____</p> <p>And/or Physician CPSO#: _____</p> <p>Date of Request: <u>YYYY/MM/DD</u></p> <p>Referring Physician Signature: _____</p>	<p>Pt Name: _____</p> <p>DOB: <u>yyy/mm/dd</u> CR# _____</p> <p>Heath Card Number: _____</p> <p>Address: _____</p> <p>City: _____ Province: _____ Postal Code: _____</p> <p>Primary Phone: (____) _____ - _____</p> <p>Language of Preference: _____ RMWT: _____</p>

Referral Information
<p>Procedure type: <b>Diagnostic Procedure</b> <input type="checkbox"/> Angiogram <input type="checkbox"/> FFR <input type="checkbox"/> OCT <input type="checkbox"/> IVUS <input type="checkbox"/> Right Heart Cath <input type="checkbox"/> Aortogram</p> <p><b>Intervention Procedure</b> <input type="checkbox"/> Staged PCI <input type="checkbox"/> Scheduled PCI <input type="checkbox"/> PFO</p>

**Wait Location:**

Home  KGH unit/ip location  Other \_\_\_\_\_  
 Belleville General unit/ip location  Brockville General unit/ip location  Napanee (LACGH) unit/ip \_\_\_\_\_  
 Perth (PSFDH) unit/ip location  Smith Falls (PSFDH) unit/ip \_\_\_\_\_  Picton (PECMH) unit/ip location \_\_\_\_\_

**Reasons for Referral:** Indicate P - Primary Reason for Referral S - Secondary Reason for Referral

<p><b>Coronary Disease:</b></p> <p><input type="checkbox"/> Stable Angina (or Equivalent)</p> <p><input type="checkbox"/> Unstable Angina (or Equivalent)</p> <p><input type="checkbox"/> NSTEMI</p> <p><input type="checkbox"/> STEMI</p>	<p><b>Arrhythmia:</b></p> <p><input type="checkbox"/> Atrial Flutter</p> <p><input type="checkbox"/> Atypical Atrial Flutter</p> <p><input type="checkbox"/> Ventricular Tachycardia</p> <p><input type="checkbox"/> Atrial Tachycardia</p> <p><input type="checkbox"/> Paroxysmal Atrial Fibrillation</p> <p><input type="checkbox"/> Persistent Atrial Fibrillation</p> <p><input type="checkbox"/> Ventricular Fibrillation</p> <p><input type="checkbox"/> Atrioventricular Nodal Re-entrant Tachycardia (AVNRT)</p> <p><input type="checkbox"/> Wolff-Parkinson-White Syndrome</p>	<p><input type="checkbox"/> <b>Cardiomyopathy</b></p> <p><input type="checkbox"/> <b>Congenital/Structural</b></p> <p><input type="checkbox"/> <b>Heart Failure</b></p> <p><b>Transplant:</b></p> <p><input type="checkbox"/> Donor</p> <p><input type="checkbox"/> Recipient</p> <p><b>Other:</b></p> <p><input type="checkbox"/> Heart Disease of Other Etiology</p> <p><input type="checkbox"/> Protocol (Research/Employment)</p> <p><input type="checkbox"/> Syncope</p>
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**Additional Notes:** [Click here to enter text.](#)

Diagnostic Information				
<p><b>Canadian Cardiovascular Society Classification:</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV</p> <p><b>Acute Coronary Syndrome Classification:</b></p> <p><input type="checkbox"/> Low Risk <input type="checkbox"/> Intermediate Risk</p> <p><input type="checkbox"/> High Risk <input type="checkbox"/> Emergent</p> <p><input type="checkbox"/> Cardiogenic Shock</p>	<p><b>Rest ECG Ischemic Changes:</b></p> <p><input type="checkbox"/> Persistent (Fixed)</p> <p><input type="checkbox"/> Transient without Pain</p> <p><input type="checkbox"/> Transient with Pain</p> <p><input type="checkbox"/> Uninterpretable</p> <p><input type="checkbox"/> No</p>	<p><b>Exercise ECG Risk:</b></p> <p><input type="checkbox"/> Low Risk</p> <p><input type="checkbox"/> High Risk</p> <p><input type="checkbox"/> Uninterpretable</p> <p><input type="checkbox"/> Not Done</p>	<p><b>Functional Imaging Risk:</b></p> <p><input type="checkbox"/> Low Risk</p> <p><input type="checkbox"/> High Risk</p> <p><input type="checkbox"/> Uninterpretable</p> <p><input type="checkbox"/> Not Done</p>	
<p><b>History of Myocardial Infarction:</b></p> <p><input type="checkbox"/> Recent (<math>\leq 30</math> days) <input type="checkbox"/> History (<math>&gt; 30</math> days) <input type="checkbox"/> No</p>	<p><b>History of Congestive Heart Failure:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>History of CABG Surgery:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>History of smoking:</b></p> <p><input type="checkbox"/> Never <input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> N/A</p>	
<p><b>Serum Creatinine:</b></p> <p>_____ <math>\mu\text{mol/L}</math></p>	<p><b>LV Ejection Fraction:</b></p> <p><input type="checkbox"/> Not done <input type="checkbox"/> N/A</p> <p>_____ %</p>	<p><b>Height:</b></p> <p>_____ cm</p>	<p><b>Weight:</b></p> <p>_____ kg</p>	<p><b>Anticoagulants:</b> List current meds _____ <input type="checkbox"/> None</p>