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. Amirali, CV Risk Management
☐ Dr. Anselm, Cardiology
☐ Dr. Azam, Internal Medicine, Diabetes
☐ Dr. Malik, Respirology
☐ Dr. Manosalva, Neurology
☐ Dr. Salih, Neurology
☐ Other: ____________________

REASON FOR REFERRAL:

CARDIAC TESTING

☐ **ECG**
☐ **24 Hour Holter Monitor**
☐ **48 Hour Holter Monitor**
☐ **Ambulatory BP Monitor**
☐ **Echo**
☐ **Echo Bubble Study**
☐ **Carotid Ultrasound**

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)
☐ **Exercise Stress Echo**
☐ **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 with age >= 65 years
☐ Current smoking
☐ Fragility fracture after age 40
☐ High alcohol intake
☐ High risk medication use *(ie: aromatase inhibitors, androgen deprivation therapy, etc.)*
☐ Low body weight or major weight loss
☐ 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: ____________________