Ontario Health
CorHealth Ontario

London Health Sciences Centre

Coronary Angiogram Referral Form - 519-685-8500 Ext: 33070

Instructions: Send to LHSC Cardiac Cath Triage directly **FAX # 519-663-3069. ALL FIELDS ARE MANDATORY FOR COMPLETION**

Patient Information

First Name:	Middle Name:	Last Name:

Health Card Number (REQUIRED): Auth. Issuing:	DOB: YYYY-MM-DD	MRN:

Street Address:	Suite:	City:	Prov./State:

Postal/Zip Code:	Country: If outside Canada	Primary Phone:	Alternate Phone:

Translator Required _____ Language Spoken:

Patient Email Address:

Referral Information

Referring Physician: Name and/or CPSO Number

Referring Physician Email:

Wait Location: Indicate Hospital name OR select a location ☐ Home

Procedural Physician:
☐ First Available OR * Requested Physician Name: _____
*NOTE: Wait times vary by physician. Requesting a specific physician may mean a longer wait time for the patient.

Reasons for Referral: Primary reason for the patient's referral is required. Indicate the appropriate reason by adding a **"P"** beside your selection to indicate Primary Reason for Referral, and **"S"** if applicable, to indicate on Secondary Reason for Referral.

Coronary Disease:
- __ Stable Angina (or Equivalent)
- __ Unstable Angina (or Equivalent)
- __ Non-ST-Segment Elevation Myocardial Infarction (NSTEMI)
- __ ST-Segment Elevation Myocardial Infarction (STEMI)

Valve Disease:
- __ Aortic Regurgitation
- __ Aortic Stenosis
- __ Other Valvular

Arrhythmia+:
- __ Atrial Flutter
- __ Atypical Atrial Flutter
- __ Atrioventricular Nodal Re-entrant Tachycardia (AVNRT)
- __ Atrial Tachycardia
- __ Paroxysmal Atrial Fibrillation
- __ Persistent Atrial Fibrillation
- __ Ventricular Fibrillation
- __ Ventricular Tachycardia
- __ Wolff-Parkinson-White Syndrome

- __ **Cardiomyopathy**
- __ **Congenital/Structural**
- __ **Heart Failure**

Heart Transplant:
- __ Donor
- __ Recipient

Other:
- __ Heart Disease of Other Etiology
- __ Protocol (Research/Employment)
- __ Syncope

Pre-Requisites for Procedure:
- ☐ Bloodwork (CBC, lytes, urea, creatinine, INR) within 90 days
- ☐ Any recent cardiac testing (MIBI/Stress Test/ECHO/ECGs)
- ☐ Consult Note

Additional Notes:

Diagnostic Information

History of Myocardial Infarction:
☐ Recent (≤30 days) ☐ History (>30 days) ☐ No

History of Congestive Heart Failure:
☐ Yes ☐ No

History of CABG Surgery: ☐ Yes ☐ No

Previous PCI: ☐ Yes ☐ No

Serum Creatinine:_____µmol/L

Height:_____cm

Weight:_____kg

Anticoagulation: ☐ Yes ☐ No

Dye Allergy: ☐ Yes ☐ No

Dialysis: ☐ Yes ☐ No

Canadian Cardiovascular Society Classification:
☐ 0 ☐ I ☐ II ☐ III ☐ IV

Acute Coronary Syndrome Classification:
☐ Low Risk ☐ Intermediate Risk
☐ High Risk ☐ Emergent

☐ Cardiogenic Shock

Exercise ECG Risk:
- ☐ Low Risk
- ☐ High Risk
- ☐ Uninterpretable
- ☐ Not Done

Rest ECG Ischemic Changes:
- ☐ Persistent (Fixed)
- ☐ Transient without Pain
- ☐ Transient with Pain
- ☐ Uninterpretable
- ☐ No

Functional Imaging Risk:
- ☐ Low Risk
- ☐ High Risk
- ☐ Uninterpretable
- ☐ Not Done

Referring Physician Signature:

Date: YYYY-MM-DD

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The following information is provided for reference/guidance only.

Arrythmia Type Descriptions and Definitions+

Description	Definition
Atrial Flutter	An abnormal heart rhythm originating in the upper chambers (atria) of the heart which results in atrial muscle contractions that are faster then and out of synchronization with the lower chambers (ventricles).
Atypical Atrial Flutter	An abnormal heart rhythm originating in the upper chambers (atria) of the heart including a wide range of macroreentrant tachycardias whereby the wave front does not travel around the tricuspid annulus.
Atrioventricular Nodal Re-entrant Tachycardia (AVNRT)	A type of abnormal fast heart rhythm which originates from a location within the heart above the bundle of His.
Atrial Tachycardia	An abnormal heart rhythm originating in the upper chambers (atria) of the heart and outside of the sinus node.
Paroxysmal Atrial Fibrillation	An episode of atrial fibrillation that terminates spontaneously or with intervention in less than seven days.
Persistent Atrial Fibrillation	An episode of atrial fibrillation that is not self-terminating within seven days or is terminated electrically or pharmacologically.
Ventricular Fibrillation	An abnormal heart rhythm originating in the lower chambers (ventricles) of the heart which results in ineffective heart muscle contraction and subsequent cardiac arrest.
Ventricular Tachycardia	An abnormal heart rhythm originating in the lower chambers (ventricles) of the heart which is characterized as fast (over 100 beats per minute) and lasting more than three beats in duration.
Wolff-Parkinson-White Syndrome	A syndrome in which there is an extra electrical pathway in the heart which can lead to periods of fast heart rhythm.

Canadian Cardiovascular Society Classification^

Description	Definition
0	Asymptomatic.
I	Ordinary physical activity such as walking or climbing stairs does not cause angina. Angina with strenuous, rapid, or prolonged exertion at work or recreation.
II	Slight limitation of ordinary activity like walking, climbing stairs, rapidly walking uphill, walking or stair climbing after meals, in cold, in wind, under emotional stress, or during the few hours after awakening. Walking more than two blocks on the level and climbing more than one flight of stairs at a normal pace and in normal conditions
III	Marked limitation of ordinary physical activity. Walking one or two blocks on the level or climbing one flight of stairs in normal conditions and at a normal pace.
IV	Inability to carry out any physical activity without discomfort, angina syndrome may be present at rest.

Acute Coronary Syndrome Classification^

Description	Definition
Low Risk	If unstable angina or Non-ST elevation myocardial infarction (NSTEMI), either: 1. Thrombolysis in myocardial infarction (TIMI) Risk Score 1 to 2; or 2. Any of the following: a. No or minimum troponin rise (<1.0 ng/ml), b. No further chest pain, c. Inducible ischemia ≥7 MET's workload, or d. Age <65 years. If ST elevation myocardial infarction (STEMI) not treated by primary PCI (PPCI), either: 1. TIMI risk score after STEMI of 0 to 3; or 2. Any of the following: a. LVEF ≥40%, b. Low risk on non-invasive assessment such as Duke treadmill score ≥5.
Intermediate Risk	If unstable angina or NSTEMI, either: 1. TIMI Risk Score 3 to 4; or 2. Any of the following: a. NSTEMI with small troponin rise (1 to 5 ng/ml), b. Worst ECG T wave inversion or flattening, c. Significant LV dysfunction (EF <40%), or d. Previous documented CAD, MI, CABG, or PCI. If STEMI not treated by PPCI, either: 1. TIMI risk score after STEMI of 4 to 5; or 2. Any of the following: a. Absence of high-risk predictors, b. LVEF <40%, c. High or intermediate risk on non-invasive assessment such as: Duke treadmill score <5, stress-induced large anterior or multiple perfusion defects.
High Risk	If unstable angina or NSTEMI, either: 1. TIMI Risk Score 5 to 7; or 2. Any of the following: a. Persistent or recurrent chest pain, b. Dynamic ECG changes with chest pain, c. CHF, hypotension, arrhythmias with C/P, d. moderate or high (>5 ng/ml) troponin rise, or e. Age >75 years. If STEMI not treated by PPCI, either: 1. TIMI risk score after STEMI more than 5; or 2. Any of the following: a. Failed reperfusion (recurrent chest pain, persistent ECG findings of infarction), b. Mechanical complications (sudden heart failure, new murmur), c. Change in clinical status (shock).
Emergent	Classified as shock, PPCI, rescue PCI and facilitated PCI.

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