

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. 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

- 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