

SCS ED Cardiology Rapid Assessment Referral Form

Affix Patient Label

Reason for Referral (check all that apply): **Chest Pain** **Arrhythmia** **CHF** **Syncope** _____**Name of Cardiologist (seeing the patient for follow up):**

<input type="checkbox"/> J. Henderson	<input type="checkbox"/> A Al-Hussaini	<input type="checkbox"/> A. Bojcevski
<input type="checkbox"/> M. Kotrec	<input type="checkbox"/> B. Haynen	<input type="checkbox"/> H. Kim
<input type="checkbox"/> M. Tsang	<input type="checkbox"/> S Pallie	<input type="checkbox"/> N. Pinnila
	<input type="checkbox"/> J Lamba	<input type="checkbox"/> N. Tan
<input type="checkbox"/> A. Hameed		

On call cardiologist instructions:**Urgency:** **Urgent** **Routine****Patient History:****Referring Physician** _____ **Signature** _____**Date/ Time** (ddmmyyyy) _____ **Department:** Emergency Department**Patient's Phone Number** _____**Emergency department Clerk** Please fax this form with the ER face-sheet and all relevant results**PLEASE INCLUDE ALL ED ECG's with the fax****Chart Copy – Do Not Destroy**

SCS ED Cardiology Rapid Assessment Referral PATIENT INFORMATION SHEET

Affix Patient Label

What Will Happen Next?

Returning to
the ER?

After the
visit

Family Doctors

The Emergency Department has referred you to the following cardiologist (Specialist in diseases of the heart and vascular system).

<input type="checkbox"/> J. Henderson 35 Albert St., Thorold 905-935-0312	<input type="checkbox"/> <input type="checkbox"/> W. Chan <input type="checkbox"/> B. Haynen <input type="checkbox"/> H. Kim <input type="checkbox"/> 589 Lake Street, Suite 205 905-935-4763	<input type="checkbox"/> A. Al-Hussaini <input type="checkbox"/> A. Bojevski <input type="checkbox"/> A. Hameed <input type="checkbox"/> M. Kotrec <input type="checkbox"/> J. Lamba <input type="checkbox"/> N. Tan 35 Albert St., Thorold 905-935-0312	<input type="checkbox"/> N. Pinilla <input type="checkbox"/> M. Tsang 1200 Fourth Avenue 905-378-4647 x46761
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You will be notified of your appointment within five business days. If you do not get a call, please call the office at the indicated phone number.

Please make sure you confirm the address of the cardiologist's clinic as well as any special instruction when you get your appointment from the cardiologist's office.

If before your appointment you think you are getting worse, please return to the Emergency Department for reassessment. Important reasons to return to the ED or calling 911 can include worsening chest pain, palpitations, shortness of breath, or feeling unwell. Make sure you have discussed this and any other questions you have with the ER doctor or Nurse before you leave the ED.

After the consultation in the clinic, the Cardiologist may want to schedule you to have other testing, for example, an exercise stress test, an echocardiography study or a Holter monitoring study. If earlier testing is required, you will be notified by the cardiologist's office.

Your family doctor is the best way to access medical care and acts as the central person in your overall healthcare. If you do not have a family doctor, we strongly advise you to get one. You can find help at www.niagaradocs.ca or by calling **Healthcare Connect Ontario at 1-800-445- 1822**. The city of St Catharines provides similar information on their website www.stcatharines.ca or by calling 905.359.6043.

Thank you

PLEASE GIVE TO THE PATIENT BEFORE DISCHARGE FROM ED