



# Kelowna Cardiology Associates

2606 Pandosy Street, Kelowna BC V1Y 1V6

Email Referrals: referrals@okheart.ca

Phone: (250) 762-9211 Fax: (250) 762-8337

# PATIENT REFERRAL FORM

### PATIENT INFORMATION (or affix sticker here)

Name: \_\_\_\_\_  
 PHN: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

### REFERRING PROVIDER

Name: \_\_\_\_\_  
 MSP #: \_\_\_\_\_  
 Clinic Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

<p>1. REFERRAL TO:</p>	<p><input type="checkbox"/> Next Available Cardiologist  <input type="checkbox"/> Specific Doctor: _____            Is patient appropriate for Telehealth/Virtual clinic appointment?  <input type="checkbox"/> YES      <input type="checkbox"/> NO</p>
<p>2. URGENCY (Mandatory)</p>	<p><input type="checkbox"/> <b>Semi Urgent</b> (within 30 days)  <input type="checkbox"/> <b>Routine</b> (within 90 days)  <input type="checkbox"/> <b>Date Specific:</b> _____    <i>For urgent requests please call the Cardiologist on Call to discuss referral to the RACE clinic at (250) 862- 4300</i></p>
<p>3. REASON FOR REFERRAL</p>	
<p>4. REQUIRED INFORMATION    <i>(Please note tests done at KCA or Vector Diagnostics do NOT need to be forwarded with referral)</i></p>	<p>Please always attach the following:</p> <ul style="list-style-type: none"> <li>• Past Medical and Surgical history</li> <li>• Current medications and drug allergies/intolerances</li> <li>• Include <b>any</b> out of province cardiology consults or test results including angiograms or echocardiograms</li> <li>• CBC, Creatinine, Electrolytes, TSH, Diabetic and Lipid profiles</li> </ul> <p>For Hypertension referrals please also include:</p> <ul style="list-style-type: none"> <li>• Urinalysis</li> <li>• Albumin : Creatinine Ratio</li> <li>• Relevant diagnostic imaging (CT-A renal, Abdo US etc.)</li> </ul>