



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: _____
 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: _____</p> <p>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"/> Semi Urgent (within 30 days) <input type="checkbox"/> Routine (within 90 days) <input type="checkbox"/> Date Specific: _____</p> <p><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</p> <p><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"> • Past Medical and Surgical history • Current medications and drug allergies/intolerances • Include any out of province cardiology consults or test results including angiograms or echocardiograms • CBC, Creatinine, Electrolytes, TSH, Diabetic and Lipid profiles <p>For Hypertension referrals please also include:</p> <ul style="list-style-type: none"> • Urinalysis • Albumin : Creatinine Ratio • Relevant diagnostic imaging (CT-A renal, Abdo US etc.)