

Ross Creek Cardiology Clinic
 #205, 10101-86 Ave
 Fort Saskatchewan AB
 Tel: (587) 285-4690
 Fax: (587) 285-4691



Appointment:

Date _____

Time _____

*For appointments made over the phone
 please give this form to your patient*

| | | |
|---------------------|-------------|----------------------|
| Patient Name | | Tel: |
| DOB | ULI# | Gender: M / F |

ECG *(Walk in Accepted)* **Holter**

| | | |
|--|--|--|
| <input type="checkbox"/> Exercise Stress Test | <input type="checkbox"/> Rapid Access Chest Pain Clinic | (For ER use only) |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Patient able to walk the treadmill | <i>Patients must meet all three criteria otherwise proceed with Cardiology Consult</i> |
| <input type="checkbox"/> Functional capacity | <input type="checkbox"/> Two negative troponin levels | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Absence of LBBB | |

Echocardiogram
 Indication (Check/Circle all that apply)

Left/Right Ventricular function

Valvular Insufficiency (Position: MV, TV, AV, PV)

Valvular stenosis (Position: MV, TV, AV, PV)

Other _____

Patient has Pacemaker/Defibrillator Yes No

Previous valve Replacement/Repair Yes NO

Details _____

Notes:

Preoperative Risk Assessment

Cardiology Consultation *(For Emergent consults call RAAPID North 780 743 0811)*

Priority Urgent (1-2Weeks) Routine (4-6 Weeks)

Indication Shortness of breath /CHF Chest Pain/CAD

Palpitation/Arrhythmia/Syncope

Please provide a brief referral letter detailing patient's concerns, list of medication and contact info.

For After hour referral please fax completed form and we will contact your patient with appointment time, date.

Referring MD: _____

Phone _____ Fax _____

Additional copies to: _____

Phone _____ Fax _____

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Patient label

Rapid Access Chest Pain Clinic Patient Information Sheet

Commonly asked questions:

Why am I being referred to the RACPC?

Your doctor has referred you to find out if your symptoms are due to insufficient blood flow to the heart muscle (Ischemia), this is most commonly due to a blocked artery.

When AM I going to be seen?

We will be contacting you by telephone with an appointment within the next 10days.
Our address and contact information is listed above.

What should I do till my appointment?

As the cause of your symptoms is not yet determined, we would like you to restrict your physical activity to prevent your symptoms form recurring.

Please do not lift any objects heavier than 20lb

Do not indulge in vigorous exercise before your appointment

Should you develop recurrent symptoms before your scheduled appointment in particular chest pain not resolving within 5min of using nitroglycerin under the tongue, please proceed to the nearest emergency.

How should I prepare for the appointment

Make sure you are wearing comfortable shoes and clothing.

Bring a list of all your medication or medication bottles and packets.

Feel free to have a light meal before your scheduled appointment

You may continue taking all your medication.

What should I expect?

During the appointment our attending cardiologist will perform a full review of your symptoms in addition to a brief exam. You will most likely undergo an exercise stress test to help your doctor determine the cause of your symptoms.

Additional test may be suggested to further assess your symptoms

What will happen after the test?

A discussion of your assessment will take place and most commonly reassurance is granted pertaining to the nature of these symptoms, should the test results prove to be positive for ischemia our team will be responsible for booking further testing and ensuring that the appropriate commitment to your health will take place

Our facility is committed to patient safety and report accuracy and we would like to assure you that all measures will be taken to ensure these two objectives

Best Regards.

Dr Suhaib Alkurtass
Medical Director