



St Paul's Hospital
1702 20th Street West
Saskatoon SK S7M 0Z9
Phone: 306-655-6684
Fax: 306-655-0753

NAME: _____

HSN: _____

D.O.B.: _____

Rapid Heart Assessment Clinic Referral Form

(please fax completed form to Outpatient Cardiology Services at 306-655-0753

OR email to: RapidHeartAssessmentClinic@saskhealthauthority.ca)

Date: _____

Referring Physician: _____ Contact Number: _____

Family Physician (if different than referring): _____ Contact Number: _____

Does patient have an existing Cardiologist? ☐ No ☐ Yes – please refer directly to primary cardiologist office for urgent reassessment

Referral Source: ☐ Family Physician ☐ Nurse Practitioner ☐ Emergency Department

IMPORTANT: The Rapid Heart Assessment Clinic provides urgent cardiac assessment only for patients experiencing acute or sub-acute changes in symptoms or clinical status.

Indication for urgent referral: (check all that apply)

- ☐ Chest Pain (ED Patients - moderate Heart Score)
☐ Heart Failure – clinical impression of new or worsening HF
☐ Cardiac Syncope – loss of consciousness with abnormal cardiac exam and/or abnormal ECG
☐ Symptomatic Arrhythmias requiring further optimization (**ECG/arrhythmia documentation MUST accompany referral**)

Required Documentation:

Saskatoon Emergency Departments: ☐ ED MD Assessment Note available on SCM

All others referral sources: ☐ Pertinent portion of most recent Clinic Note ☐ ECG ☐ List of Current Medications (if available)

***Please note that incomplete referrals will be declined**

Please provide the following history (if unavailable in clinical note)	
Prior Cardiac History: <input type="checkbox"/> Coronary Artery Disease If yes, previous revascularization? <input type="checkbox"/> PCI _____ <input type="checkbox"/> CABG _____ <input type="checkbox"/> Heart Failure _____ <input type="checkbox"/> Atrial Fibrillation _____ <input type="checkbox"/> Cardiac Device _____	Relevant Co-Morbidities: <input type="checkbox"/> COPD _____ <input type="checkbox"/> Obesity _____ <input type="checkbox"/> OSA _____ <input type="checkbox"/> Substance Use Disorder _____ <input type="checkbox"/> CKD _____ <input type="checkbox"/> Cancer _____ <input type="checkbox"/> Anemia _____ <input type="checkbox"/> Bleeding history _____ <input type="checkbox"/> Other: _____
Cardiac Risk Factors <input type="checkbox"/> Hypertension <input type="checkbox"/> Current tobacco use <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Family history of early atherosclerosis <input type="checkbox"/> Other: _____	Vital Signs BP _____ / _____ HR _____ ECG: _____ <input type="checkbox"/> Provided

Brief description of patient presentation/symptoms:
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Physician Signature: _____ Fax#: _____

Printed Physician Name: _____



Rapid Heart Assessment Clinic: Patient Information

Patient Information

You are being referred for outpatient care and testing in the Rapid Heart Assessment Clinic at St. Paul's Hospital. A heart doctor (Cardiologist) at the Clinic will be able to help you find the reason for your heart symptoms.

You will be contacted by the clinic staff to arrange an appointment time and discuss cardiac tests to be performed. If you have not heard from the clinic after 7-10 days please contact the Clinic at 306-655-6684 and you will be given an appointment time.

Your Clinic appointment will take 30 minutes to 2 hours. The heart doctor will listen to your heart, and explain the problem or order more tests, which may include tests such as an exercise test that day. Your family doctor will get information about your clinic visit after your appointment.

Day of Appointment

- Please arrive 30 min early and register at the Registration Desk on the main floor at St. Paul's Hospital across from the emergency department
- Bring your SK health card
- Do not wear any lotions, perfumes or creams
- Bring shoes that are comfortable for walking/running
- Bring a translator if required
- Consider bringing a water bottle and snack

Common Non Invasive Cardiac Testing

Test	Purpose	How it is done	Patient Preparation
Echocardiogram (ECHO)	Information obtained about your heart's structure and check how well your heart functions.	An ultrasound performed by specially trained technician. Approximately 1 hour to perform	None
Exercise Tolerance Test (Stress test, treadmill test)	Information obtained about your hearts response to activity or stress.	Walking on a treadmill at different speeds and incline. Approximately 1 hour to complete	Dress or bring comfortable walking/running shoes Have a light breakfast
Holter monitor	A continuous electrocardiogram (ECG) that records your hearts rhythm and rate continuously	A monitor will be applied and worn continuously while performing normal daily routines Approximately 15 min to apply	None
Electrocardiogram (ECG, EKG)	Information obtained about your hearts electrical signal that can be used to diagnose heart conditions.	Electrodes are placed on your chest that records your hearts electrical impulses during a cardiac cycle	None