



Providence Health Care

Yasmin & Amir Virani

# Provincial Adult Congenital Heart Program

## VIRANI PROVINCIAL ADULT CONGENITAL HEART PROGRAM REFERRAL



Cardiology Referral

Date of Referral: \_\_\_\_\_

**\*\*FOR URGENT REQUESTS, please contact physician on call (604-682-2344)**

PATIENT INFORMATION		
Name: (last, first)		Telephone: Home: _____ Work: _____ Cell: _____
Former name/maiden name:		
Address:		
City:	Postal Code:	Email: _____
DOB: (dd/mmm/yyyy)	PHN:	
Alternative contact: (name)		<input type="checkbox"/> Interpreter required Language: _____
Relationship to patient:	Telephone:	
REASON FOR REFERRAL		
<input type="checkbox"/> Assume care & management of confirmed Congenital Heart Disease <input type="checkbox"/> Assessment of suspected Congenital Heart Disease <input type="checkbox"/> Other: _____ <input type="checkbox"/> Request for cooperative/shared care with: _____		<b>Priority:</b> <input type="checkbox"/> Urgent (within 2 weeks) <input type="checkbox"/> Regular (within 12 weeks) <input type="checkbox"/> Transition: within _____ months
REFERRING CLINICIAN		
Name:	Specialty:	MSP number:
Address:		
Telephone:	Fax:	
PRIMARY CARE PROVIDER		
Name:	MSP number:	
Address:		
Telephone:	Fax:	
ADDITIONAL RELEVANT INFORMATION		
MEDICATIONS: _____		
ALLERGIES: _____		
OTHER: _____		
COMPLETED TESTS AND ASSESSMENTS		
<p>** Please see <b>next page</b> and send/indicate availability of all available consults and reports indicated on list. Referrals are triaged by VPACH staff. For prompt booking please ensure all sections are complete and all available results/consults are included – all available information is required to book an appointment.</p>		

**PLEASE FAX INFORMATION TO: Fax: 604-806-8800**

**Virani Provincial Adult Congenital Heart (VPACH) Program**

**St. Paul's Hospital:** Room 5051 - 1081 Burrard Street, Vancouver, BC V6Z 1Y6

Telephone: 604-806-8520

Email: [pach@providencehealth.bc.ca](mailto:pach@providencehealth.bc.ca)

	Done and Included	Done and Available in Corner or Care Connect	Not done or not available
Completed VPACH Referral form			
Last consult letter or referral letter			
<u>All</u> cardiac surgery operative reports			
Past records relating to congenital heart condition diagnosis			
Transition Documentation & Flowsheets			
Medical Genetic consults			
Genetic Testing results			
Developmental/cognitive assessments			
Most recent blood work results			
Liver imaging reports and consults			
Most recent cardiac diagnostics:			
Electrocardiogram			
Holter monitor report			
Exercise Testing Result			
Most recent cardiac imaging results:			
Echocardiogram report			
Magnetic Resonance Imaging			
Cardiac CT			
MIBI			
For Patients with cardiac devices (ICDs and Pacemakers), please include reports & also fax this referral package to <u>SPH Device Clinic at (604) 675-2647</u>			
Other:			

**\*\* not done or not available indicates that test/imaging results have not been completed or are not available in provincial records (e.g. records have been destroyed or procedure completed in another country and have been accessible)**