



St. Paul's Hospital

474A-1081 Burrard Street
Burrard Wing, 4th Floor,
Vancouver, B.C. V6Z 1Y6

Phone: 604-806-9282 Fax: 604-806-9927

**CARDIOLOGY
TELEHEALTH REFERRAL**

PATIENT INFORMATION

Name: _____

Date of Birth: _____ M F

PHN: _____

Address: _____

_____ BC

Contact number(s): (important) _____

REFERRING PROVIDER

Name: _____ Signature: _____

Phone: _____ Fax: _____ MSP # _____

Address: _____

Email: (to arrange appointment date/time) _____

DATE OF REFERRAL: _____

URGENCY: **Urgent** (within 2 weeks) **Semi-Urgent** (within 4 weeks) **Elective**

REASON FOR REFERRAL:

HISTORY/DETAILS:

Any special considerations for this patient that we should know prior to their visit?

Include the following reports, if available, with this referral:

- Chest X-ray
- Previous cardiac investigations
- ECG
- Relevant consult notes
- Latest bloodwork

SPECIFY TELEHEALTH SITE: _____

Will the referring Physician/NP be present at the visit? Yes No

A healthcare professional should be available to perform vital signs and medication reconciliation at the local site

Fax completed referral and other relevant information to 604-806-9927

ST. PAUL'S CARDIOLOGY → will contact the referring provider directly via email to schedule a suitable time for the patient and the physician(s).	Referring provider will be contacted via email or phone to confirm the Telehealth appointment date and time	Referring provider → MUST NOTIFY the patient/family of the scheduled Telehealth appointment date and time	ST. PAUL'S will book the Telehealth Bridge through VCH Telehealth Services to arrange for the room and support
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