

Name: _____ Patient OHIP Number: _____
 Address: _____ Referring Physician/Provider: _____
 _____ Physician OHIP Billing Number: _____
 Phone: _____ DOB (mm/dd/yyyy): _____ Copy to: _____

Cardiology / Consultation cardiologie

- Specific MD / Médecin spécifique : _____
 Cardiologist / Cardiovascular-Focused Internist / Cardiologue
 Pediatric Cardiologist / Cardiologue pédiatrique
Priority / Priorité: Routine Urgent

Stress Tests / Examens diagnostiques

- Exercise Stress Test / Épreuve d'effort cardiaque
 Myocardial Perfusion with Treadmill / Perfusion myocardique au tapis roulant
 Myocardial Perfusion with persantine (no exercise) / Perfusion myocardique au persantin (sans exercice)
 (Persantine testing contraindicated in asthmatics / Persantine contre-indiqué chez les asthmatiques)

Indications: Chest pain / Douleur thoracique Ischaemia / Ischémie Dyspnea / Dyspnée

Cardiac Structure & Function Assessment / Structure Cardiaque et évaluation fonctionnelle

- Echo / Échocardiogramme
Indications: Atrial fib/flutter / Fib/flutter auriculaire Arrhythmia / Arrhythmie Dyspnea / Dyspnée
 LV Function / Fonction VG Murmur / Murmur Palpitation / Palpitations Syncope / Syncope
 TIA/CVA / ICT/AVC Valvular HD / Valvulopathie Prosthetic valve F/U / Valve prothétique

Monitoring / Surveillance

- Holter Monitor / Moniteur holter 2 days / jours Mini Holter (à la maison) 3 days / jours
 MCT Mobile telemetry / télémétrie mobile 7 days / jours Event Recorder / Moniteur loop 14 days / jours
Indications: Atrial fib/flutter Palpitation / Palpitations Dizziness / Etourdissement
 Syncope / Syncope TIA/CVA / ICT/AVC

Clinical Information / Renseignements cliniques

Medical History / Antécédents médicaux : _____

Medications / Médicaments : _____

Risk Factors / Facteurs de risque : Hypertension / Hypertension Dyslipidemia / Dyslipidémie
 Diabetes / Diabète Smoking / Fumeur(euse) Family history CAD / Histoire de famille de MCAS

Physician/
Health Care Provider
Signature: _____

OHIP Billing Number: _____
Date (mm/dd/yyyy): _____

Chest Pain Assessment Algorithm

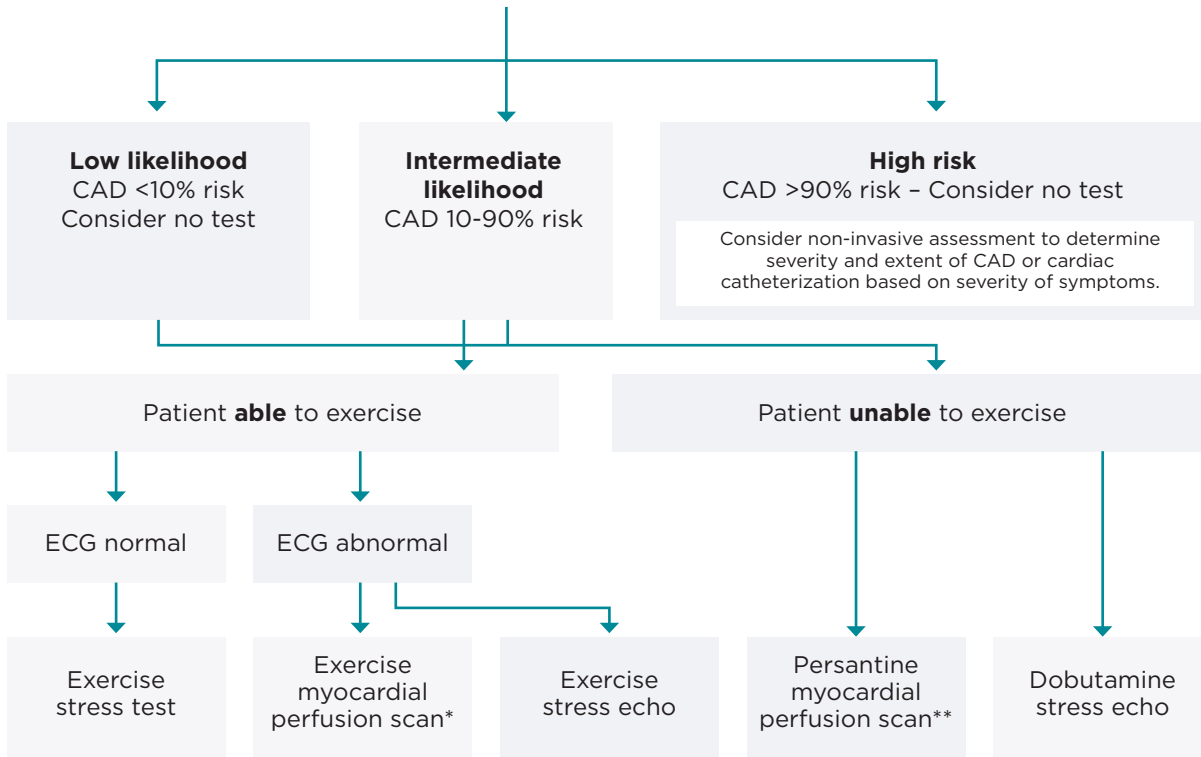
STABLE SYMPTOMS
Assess pre-test likelihood CAD

UNSTABLE SYMPTOMS
New onset angina
Accelerating angina
Prolonged resting angina

Prevalence of CAD % in Symptomatic Patients According to Age and Sex

Age	Typical Angina		Atypical Angina		Non-anginal Chest Pain	
	Men	Women	Men	Women	Men	Women
30-39	69.7	25.8	21.8	4.2	5.2	0.8
40-49	87.3	55.2	46.1	13.3	14.1	2.8
50-59	92.0	79.4	58.9	32.4	21.5	8.4
60-69	94.3	90.6	90.6	54.6	28.1	18.6
	3 of 3 criteria		2 of 3 criteria		1 of 3 criteria	

1) Retrosternal discomfort 2) Provoked by exercise or stress 3) Relieved by rest or NTG



*Avoid in women of child-bearing years **Persantine may be contra-indicated in asthma

Test results: If suspected false + Exercise Stress Test (EST) – consider **stress echo** or **stress nuclear** study. If inconclusive EST – consider **persantine nuclear** study.

