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Options for referring
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PATIENT INFORMATION

Patients Name: _____
 Address: _____
 PH:(H) _____ PH:(C) _____
 PHN: _____ DOB: _____
 Email: _____

REFERRING PHYSICIAN

Name: _____
 Phone: _____
 Fax: _____
 Email: _____

HISTORY

REQUESTED CONSULTATIONS

Internal Medicine
 Cardiac
 Diabetes
 Registered Dietitian
 Cardiac Rehab

REQUESTED INVESTIGATIONS

Cardiac Exercise Stress Test (CEST)
 Rhythm Event Recorder
 ECG
 Echocardiogram Booking
 Exercise Prescription
 Ambulatory Blood Pressure Monitor (ABPM)
 Ankle Brachial Index Doppler (ABI)
 Spirometry

RISK ASSESSMENT TABLE

	Typical chest pain	Atypical chest pain	Non-specific pain	Asymptomatic/ screening
Male >40yrs, Female >50yrs	Rapid Access	Urgent	Semi-urgent	Non-urgent
>30yrs	Urgent	Semi-urgent	Non-urgent	Non-urgent
<30yrs	Semi-urgent	Non-urgent	Non-specific	Non-urgent

Rapid Access: 24-48 hr
 Urgent: 1 week
 Semi-urgent: 2-3 weeks
 Non-urgent: 3-6 weeks
 Non-specific: Investigate alternative Etiology first