



UNIVERSITY OF OTTAWA
HEART INSTITUTE
INSTITUT DE CARDIOLOGIE
DE L'UNIVERSITÉ D'OTTAWA

REVASCULARIZATION REGISTRY PROGRAM

PATIENT REGISTRY

Referral to be faxed to 613-696-7144

Name _____

SURNAME FIRST NAME INITIAL

Male Female DOB ____/____/____ Age ____

Health Card Number: _____

Address _____

Postal Code _____ Phone _____

Race (self identified by the patient):

Unknown Prefer Not to Answer Not Collected

Black Middle Eastern East/Southeast Asian

South Asian Indigenous White Latino

Other: _____

FOR OFFICE USE ONLY:

Calculated Requested Estimated

CLINICAL URGENCY:

REASON(S) FOR REFERRAL

Cath RHC PCI Surgery TAVI

PRIMARY DIAGNOSIS

Referral Date (yy/mm/dd): _____

Referring MD: _____

Cardiologist: _____

Wait Location:

Home Hospital Other: _____

CLINICAL HISTORY/PHYSICAL EXAM

History of MI: Recent (≤ 30 days) History (> 30 days) No History of Cath/PCI: Yes No History of CABG: Yes No

DIAGNOSTIC INFORMATION

Canadian Cardiovascular Society Classification:

0 I II III IV

Comorbidity Assessment:

Acute Coronary Syndrome Classification:

Low Risk Intermediate Risk High Risk Emergent

Cardiogenic Shock

Left Ventricular Ejection Fraction: _____%

EF Grade % I ≥ 50 II 35-43 III 20-34 IV ≤ 20

Height: _____cm/inch Weight: _____Kg/lbs

Allergy Yes No Dye Latex

Anticoagulation Yes No Last dose: _____

Specify if yes:

Renal Failure Yes No Dialysis

Diabetes Yes No CVA TIA

CHF History Yes No

NYHA Class: I II III IV

Cerebrovascular Disease Yes No

Peripheral Vascular Disease Yes No Type: _____

Hypertension Yes No

Smoking Yes No

Rest ECG Ischemic Changes:

Persistent (Fixed)

Transient without Pain

Transient with Pain

Uninterpretable

No

Exercise ECG Risk:

Low Risk

High Risk

Uninterpretable

Not Done

Functional Imaging Risk:

Low Risk

High Risk

Uninterpretable

Not Done

PRIMARY (P) AND SECONDARY (S) DIAGNOSIS (SELECT "P" FOR PRIMARY REASON FOR REFERRAL, AND SELECT "S" TO INDICATE ONE SECONDARY REASON FOR REFERRAL):

Coronary Disease:

P S Stable Angina

P S Non-ST-Segment Elevation Myocardial Infarction (NSTEMI)

Valve Disease:

P S Aortic Stenosis

P S Mitral Regurgitation

Other:

P S Cardiomyopathy

P S Congenital/Structural

P S Heart Disease of Other Etiology

P S Unstable Angina

P S ST-Segment Elevation Myocardial Infarction (STEMI)

P S Aortic Regurgitation

P S Other Valvular

P S Heart Failure

P S Syncope

P S Protocol (Research/Unemployment)

Arrhythmia:

P S Atrial Flutter

P S Atrioventricular Nodal Re-Entrant Tachycardia (AVNRT)

P S Parox Atrial Fibrillation

P S Ventricular Fibrillation

P S Wolff-Parkinson-White Syndrome

Heart Transplant:

P S Donor

P S Atypical Atrial Flutter

P S Atrial Tachycardia

P S Pers Atrial Fibrillation

P S Ventricular Fibrillation

P S Recipient

Referral Physician signature: _____

Date (yyyy/mm/dd): _____