



Encounter # \_\_\_\_\_

PRINT Demographic Data OR Place Patient Demographic Label

BCCH MRN:

Patient Name (LAST, FIRST):

DOB:

Patient Phone #:

PHN:

# CHILDREN'S HEART CENTRE Clinical Services Request

\*please see reverse for instructions

<b>REFERRING SERVICE MUST COMPLETE THIS SECTION – Incomplete Form WILL Delay Service!</b> (Please Print Clearly)			
DATE OF REQUEST:		<b>SERVICES REQUESTED</b> (See Reverse for Instructions)	
REFERRING PHYSICIAN / NP (Please Print and sign)		<input type="checkbox"/> ECHO*	
BILLING NUMBER	CONTACT NUMBER	<input type="checkbox"/> ECG	
*Inpatient ECHO requests (except Oncology) require approval from the cardiology service		<input type="checkbox"/> HOLTER MONITOR	
<input type="checkbox"/> OUTPATIENT (Consult required) <input type="checkbox"/> INPATIENT		<input type="checkbox"/> STRESS TEST	
Room _____	Unit _____	<input type="checkbox"/> CARDIOLOGY CONSULT	
<input type="checkbox"/> ISOLATION ( <input type="checkbox"/> CONTACT <input type="checkbox"/> DROPLET <input type="checkbox"/> PROTECTIVE)		Inpatient Echo Approver	
<b>PERTINENT PATIENT HISTORY</b> (Please provide reason for referral and cardiac diagnosis if known)		<b>Patient Height</b> (cm)	
		<b>Patient Weight</b> (kg)	

## CARDIOLOGY MD / NP USE ONLY

CONSULTING CARDIOLOGIST		BOOKING TIMEFRAME	
CONSULT <input type="checkbox"/> New Patient <input type="checkbox"/> Follow-Up <input type="checkbox"/> CPAC <input type="checkbox"/> Nurse Transition <input type="checkbox"/> Exercise Prescription <input type="checkbox"/> Dietitian			
<b>ECHO</b> <input type="checkbox"/> Booked sedation <input type="checkbox"/> May need sedation <input type="checkbox"/> TEE <input type="checkbox"/> Bubble Study <input type="checkbox"/> MIBI <input type="checkbox"/> Research <input type="checkbox"/> Transit Time	<b>ECG</b> <input type="checkbox"/> Resting 12 Lead <input type="checkbox"/> High 12 Lead <input type="checkbox"/> Signal Average ECG <input type="checkbox"/> Cardiac Screen/ Event Monitor  <b>HOLTER</b> <input type="checkbox"/> Hook-Up, 24 Hour <input type="checkbox"/> Hook-Up, 48 Hour <input type="checkbox"/> Scan	<b>Pacemaker</b> <input type="checkbox"/> ICD <input type="checkbox"/> CRT <input type="checkbox"/> Pacemaker check, Single <input type="checkbox"/> Pacemaker check, Dual <input type="checkbox"/> Loop Recorder  <input type="checkbox"/> 24hr Ambulatory Blood Pressure Monitor	<b>STRESS TESTING</b> <input type="checkbox"/> with Oximetry <input type="checkbox"/> VO2 <input type="checkbox"/> Treadmill ( <input type="checkbox"/> BCCH or <input type="checkbox"/> Bruce) <input type="checkbox"/> Upright Cycle (Protocol: _____) <input type="checkbox"/> <b>Stress ECHO</b> <input type="checkbox"/> Dobutamine Echo

APPOINTMENT DATE/TIMES	KEY INFORMATION REQUIRED
APPOINTMENT NOTES	
Interpreter needed? <input type="checkbox"/> No <input type="checkbox"/> Yes - Language: <input type="checkbox"/> Consult before ECHO <input type="checkbox"/> Consult before STRESS	MD/NP SIGNATURE

(White)EchoLab

(Yellow)ECG

## CHILDREN'S HEART CENTRE CLINICAL SERVICES REQUEST

Please indicate all testing required on one Clinical Services Request form, do not send separate request forms for each test required.

### OUTPATIENT REFERRAL INSTRUCTIONS:

1. **ECG only** – General practitioners and pediatricians can refer patients from the ages of 0-18 years for an ECG with or without a Cardiology Consult. FAX request form to (604) 875-3463.
2. **ECHO only** – Requests from General Practitioners require a Cardiologist Consult. Pediatricians may refer children from the ages of 3 years and older with or without a Cardiology Consult. Pediatrician referrals for children younger than 3 years require a Cardiologist Consult (due to possible sedation) in addition to ECHO testing. FAX request form to (604) 875- 3463.
3. **HOLTER only** – Requests from General Practitioners require a Cardiologist Consult. Pediatricians can refer patients for Holter from the ages of 0-18 years with or without a Cardiology Consult. FAX request form to (604) 875-3463.

### CARDIOLOGIST CONSULTATIONS:

To book a new referral or referral for a consultation with one of the BC Children's Heart Centre Cardiologists, please FAX referral to (604) 875-3463. Once the request is received, the Cardiologist will determine the kind of testing required and an appointment will be made.

### URGENT APPOINTMENTS:

If this is an URGENT request, please FAX to (604) 875-3463, Attention: Cardiologist on call, or call hospital paging @ (604) 875-2161 and ask for the On Call Cardiologist.

### INPATIENT REQUESTS:

ECG only: Call Local 7115 (Cardiology Front Desk) or Page 410-1226 (Inpatient ECG Tech)  
 ECHO only: All ECHO requests require discussion with cardiology before testing.  
 Page the Cardiology Fellow On Call to arrange consult.  
 Oncology ECHO requests: FAX request form to 2774.

### Version History

DATE	DOCUMENT NUMBER and TITLE	ACTION TAKEN
19-Oct-2020	C-05-06-60852 Children's Heart Centre Clinical Services Request	Approved at: Ambulatory Best Practice Committee
31-Aug-2021	"	Update: Added "with Oximetry" under Stress Testing

### Disclaimer

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