

Patient Details:

Name: Preferred Language:	Address:
DOB: Gender:	Telephone:
Referring MD Referring MD Telephone:	Patient Insurance: Referring Clinic

Referral Details:

A. Reason for referral or Symptoms: Please enter Y/N or #

1. Chest pain at rest or with exertion _____
2. Shortness of breath at rest or with exertion _____
3. Passed out/fainted _____
4. Other pertinent details: _____

B. Personal Risk Factors

1. Calculate ASCVD 10 year% at <http://tools.acc.org/ASCVD-Risk-Estimator-Plus/#!/calculate/estimate/>
2. Smoker Y/N
If yes, how many packs _____? Quit Date _____ Calculate Pack-Years _____
1. Diabetes Mellitus (I or II) _____
If yes, when did patient begin taking medications? _____
3. What medications is the patient taking? _____
4. Prior hospitalization due to a cardiovascular problem _____

C. Personal Past Medical History (Y/N, if yes provide # of events, and dates if known)

2. Coronary Artery Disease (CAD) Y/N; add known details
 - a. Myocardial Infarction _____
 - b. Coronary artery bypass surgery _____
 - c. Percutaneous coronary intervention _____
 - d. Angina _____
3. Heart Failure Hospitalization _____
4. Cardiac arrhythmias, pacemaker or defibrillator _____
5. Cardiac related surgery _____

D. Family History: Death due to CAD or non-fatal CAD

1. For Women, family members before age 55 (Grand- Mother, Sister, Aunt, etc.)
Cause _____ Relation _____ Age _____
2. For Men family, members before age 45 (Grand- Father, Brother, Uncle, etc.)
Cause _____ Relation _____ Age _____
3. For male (>45 yo) or female (>55 yo) family members:
Cause _____ Relation _____ Age _____
Cause _____ Relation _____ Age _____

E. Vitals and Lab Results: Provide date of results

1. BMI ____kg/m² Weight at last visit _____
2. Blood Pressure ____ mmHg Heart rate _____bpm
3. Lipid Panel Performed ____ Total Cholesterol ____ Triglycerides ____ LDL ____ HDL ____
4. Most recent HbA1c _____
5. Troponin I or T, _____ provide assay units and specify if it is high sensitivity assay
6. BNP or pro-NT-BNP _____ all patients with shortness of breath should have this done.
7. Most recent Na____, K____, CO2____, Cl _____, Creatine____, Glucose _____