



Rainbow Medical Centre

RACE (Rapid Access to Cardiac Evaluation Clinic: 72hrs)

Date:

URGENT (2wks)

SEMI-URGENT (4wks)

ROUTINE

PATIENT INFORMATION

Height:○cm ○ in Weight: ○ kg ○ lb

REFERRING PHYSICIAN

Physician Name:

Physician Address:

Physician PRAC-ID:

Physician Signature:

Copies To:

CARDIAC CONSULT:

REQUESTED

NOT REQUESTED

REASON FOR CONSULT/REFERRAL:

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CARDIAC TESTING

ECG

Echo

Exercise Stress Test:

Holter Monitor (1 Day)

Echo Bubble Study

Patient to hold anti-ischemic meds?

Ambulatory BP Monitor (1 Day)

No Yes hold:.....

CARDIOVASCULAR INDICATIONS *Please check all that apply:*

Does your Patient Have:

Abnormal ECG

Murmur

Diabetes ○ Yes ○ No

Abnormal Treadmill Stress Test

Palpitations / Arrhythmias

Asthma ○ Yes ○ No

CAD / PCI / CABG

Shortness of Breath

Pacemaker ○ Yes ○ No

Chest Pain

Stroke / TIA

ICD ○ Yes ○ No

CHF / Edema / PND / Orthopnea

Syncope / Presyncope

CABG ○ Yes ○ No

CV Risk Assessment

Other:

Hypertension / LVH

PATIENT PREPARATION:

- Arrive 15 minutes prior to appointment time
- Bring Alberta Health Care Card and Photo ID
- No fasting required
- Fragrance free clinic
- Gown provided; you may be required to undress from waist up
- Appointment may take up to one hour

CALGARY

MEDICINE HAT

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