Reception #_____

CHILDREN'S HEART CENTRE
DYSAUTONOMIA CLINIC REFERRAL

Patient Information:
Name:
BC PHN:
DOB:
Parent/Guardian Name:
Parent/Guardian Contact Number:

REFERRING SERVICE-PLEASE COMPLETE THIS SECTION;

PLEASE ONLY REFER PATIENT ONCE ALL OTHER MEDICAL INVESTIGATIONS HAVE BEEN COMPLETED

TODAY'S DATE:

REQUESTING PHYSICIAN (Please Print):	BILLING #:
REFERRING SERVICE:	CONTACT NUMBER-Physician:

REASON FOR REQUEST (eg. Symptoms; change in health status; chronic illness)

☐ Have you discussed this referral with your patient?

PLEASE DESCRIBE ALL ORGAN SYSTEMS AFFECTED:	PLEASE LIST ALL MEDICATIONS AND SUPPLEMENTS:
☐ Neurologic_____	_____
☐ Cardiac_____	_____
☐ Joints/Muscles_____	_____
☐ Gastrointestinal_____	_____
☐ Skin_____	_____
☐ Energy/Activity_____	_____
☐ Other_____	_____

Please fax all referrals to 604-875-3463 Attention: Dr. Kathryn Armstrong

HEART CENTRE USE ONLY

APPOINTMENT DATE & TIME:	OUTPATIENT Height (cm):
☐ New Patient ☐ Follow up ☐ Research	OUTPATIENT Weight (kg):
Testing Required ☐ CONSULT ☐ EXERCISE TEST VO_2 ☐ ECHO ☐ ECG ☐ EXERCISE PRESCRIPTION ☐ 24 HOUR HOLTER	Time Frame: ☐ Peds QL sent ☐ Pre-assessment form sent
Mode of Testing ☐ Treadmill ☐ Upright Ergometer	Protocol Treadmill ☐ BCCH ☐ Bruce ☐ Other _____ Ergometer ☐ Ramp ☐ Step ☐ Other _____

Reception #_____

CHILDREN'S HEART CENTRE

DYSAUTONOMIA CLINIC REFERRAL

Children's Heart Centre
Room 1F3 – 4480 Oak Street, Vancouver BC, V6H 3V4
Telephone: (604) 875-2120/FAX: (604) 875-3463

REFERRAL INSTRUCTIONS:

Please only refer your patient to the Dysautonomia Clinic *once all other relevant investigations have been completed*.

To refer a patient to the Dysautonomia Clinic, *please fax this referral form, most recent clinic letter, as well as all other relevant investigations* to (604) 875-3463. Once your request is received, we will book your patient into the next available appointment. Please note that our Dysautonomia Clinic takes place once a month. All patients will be pre-screened based on the clinical information provided to determine their eligibility to the Dysautonomia Clinic.

PATIENT INSTRUCTIONS:

1. Please ask your patient to not eat anything or drink caffeinated beverages within two (2) hours of their exercise test.
2. Please instruct your patient to wear comfortable exercise clothing and running shoes.