BC INHERITED ARRHYTHMIA PROGRAM

St. Paul's Hospital (Vancouver)
Ph: 604-682-2344 Ext. 66766

BC Children's Hospital
Ph: 604-875-2295

Royal Jubilee Hospital (Victoria) & Northern Outreach Clinic (Hazelton)
Ph: 250-727-4461

REQUEST FOR NEONATAL ECG REVIEW
for Newborns at Risk for Long QT syndrome (LQTS)

To request pediatric cardiology review of an infant's electrocardiogram (ECG) due to a parental history of LQTS, healthcare providers should complete this form and:

1. Fax to Dr. S. Sanatani, pediatric electrophysiologist at BC Children's Hospital. **Fax: 604-875-3463 **INCLUDE THIS COVER SHEET WITH THE ECG****

2. **Please fax a referral (604-875-3463) for the child.** Complete BCIAP referral form and include all pertinent medical records, family history details, and results of LQTS genetic testing in parent(s).

A response will be faxed or phoned to you at the numbers you provide below.

Name of Infant: _____ **DOB:** _____

PHN: _____

As per BCIAP '*Pregnancy and Neonatal Guide for LQTS Types 1 and 2*', this ECG was performed at (*select one*):

☐ **Day 1 of life** *OR*

☐ **3 weeks of age**

Parental Name(s): _____ _____

Details of parental LQTS diagnosis, any noted concerns for infant, other pertinent information:
Attach parental LQTS genetic test results, if available.

_____
_____
_____
_____

Requested by:

Name of Healthcare Provider: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____

Reception #_____

CHILDREN'S HEART CENTRE
CLINICAL SERVICES REQUEST

*please see reverse of form for instructions

PRINT Demographic Data OR Stamp Addressograph

BCCH MRN:

Patient Name (LAST, First):

DOB: DD/MM/YY:

Patient Phone #:

PHN:

REFERRING SERVICE MUST COMPLETE THIS SECTION – Incomplete Form WILL Delay Service!

DATE OF REQUEST:	SERVICES REQUESTED
REQUESTING PHYSICIAN/NP (Please Print)	☐ ECG ☐ ECHO (*Consult required < 3 yrs age*) ☐ CARDIOLOGY CONSULT ☐ HOLTER MONITOR
BILLING # / CONTACT NUMBER –Physician/NP	
*CONSULT CARDIOLOGIST (not required for new patient referrals)	

☐ OUTPATIENT (☐ Oncology ☐ PSCA ☐ Mental Health ☐ Medical Day Unit ☐ Emerg ☐ Other_____)

☐ INPATIENT (Unit)_____ ☐ Isolation Protocol ☐ Portable

*Inpatient ECHO requests (except oncology) require discussion with cardiology service for approval

Inpatient Height (cm)	Inpatient Weight (kg)
Inpatient Echo Approval (fellow or cardiologist)	

Pertinent Patient History (include Cardiac Diagnosis if known)

HEART CENTRE USE ONLY

APPOINTMENT DATE:	OUTPATIENT Height (cm)
☐ New Patient ☐ Follow up ☐ Sedation	OUTPATIENT Weight (kg)

Notes:

CARDIOLOGY MD/NP USE ONLY

☐ Dobutamine Stress Echo ☐ TEE ☐ Bubble Study ☐ Septostomy	☐ Signal Average ECG ☐ Holter Scan ☐ Holter Hookup (☐ 24hrs ☐ 48hrs) ☐ ETT Exercise Test (Select Protocols Below) ☐ BCCH ☐ Bruce ☐ Cycle ☐ MIBI ☐ Stress Echo ☐ VO_2 ☐ Exercise Prescription Consult	☐ ICD, CRT ☐ Pacemaker (☐ Single ☐ Dual) ☐ Loop Recorder ☐ Cardiac Screen ☐ Tilt Table Test

ECHO OFFICE ONLY	KEY INFORMATION REQUIRED
☐ M/2D/Dop ☐ 2D/Dop ☐ 2D ☐ Portable ☐ Isolation ☐ Sedation ☐ Epicardial ☐ 3D ☐ Transit Time Sonographer _____	☐ See patient before echo

cc:(White) Echo Lab (Yellow) ECG 0055498 2013/12

Reception #_____

CHILDREN'S HEART CENTRE

CLINICAL SERVICES REQUEST

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

OUTPATIENT REFERRAL INSTRUCTIONS:

1. ECG only – General practitioners and pediatricians can refer patients from the ages of 0-18 years for an ECG. 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. 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 – Pediatricians can refer patients for Holter from the ages of 0-18 years. 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 Cardiologist on call.

INPATIENT REQUESTS:

1. ECG only: Dial Local 2120 (Cardiology Front Desk) or Local 7114 (ECG office).
2. ECHO only: All ECHO requests require discussion with cardiology before testing. Page the Cardiology Fellow on call.
3. Oncology Echo only requests (> 3 years old) FAX request form to 2774. Dial Local 2120 (Cardiology Front Desk) or Local 7041(Echo office) if request is urgent.

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