WRHN
Waterloo Regional Health Network

911 Queen's Blvd
Kitchener, ONT N2M 1B2

Health Record # Insert patient label
OHIP #: _____
Patient Name: _____
DOB: ____/____/_____ Age: ☐ Female ☐ Male
Account: _____ Date of Admission: ___/___ /___

Cardiac Surgery Consultation Referral

Please fax to 519-749-6414
Triage Nurse/Coordinator 519-749-6578 x1936

To request a Cardiac Surgery Consultation at WRHN @ Queen's Blvd, please fax

Patient Name: PRINT (first, last)	
Patient Address:	
Patient Preferred Phone Number:	Patient Alternate Phone Number:
Primary Care Physician Name: (if different from referring physician)	
Primary Physician Contact Number:	

Patient Location: ☐ Home ☐ Hospital _____
NYHA functional class: ☐ 1 ☐ 2 ☐ 3 ☐ 4
CCS Angina Class: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Consult request for:

☐ CABG
☐ Valve (Echo report required for valve referrals)
☐ Aortic surgery
☐ Congenital/Structural (please note, WRHN @ Queen's Blvd does not have a pediatric program)
☐ Other _____

Coronary Angiogram:

☐ Completed Date_____ Location _____
(Please enclose if not completed at WRHN @ Queen's Blvd)
☐ Not completed
☐ Pending Date _____ Location _____

PLEASE INCLUDE THE FOLLOWING IF APPLICABLE:

- Recent consult note
- Echocardiogram report
- Medication list
- Cardiac catheterization
- Recent blood work
- CT scans, PFTs (if done)

BY SIGNING THIS FORM, I confirm that this patient is aware of this referral.

Referring Physician Name: (PRINT)	Billing#:
Referring Physician Signature	Date: _____ /_____ / _____
Phone Number:	Fax Number:

Questions regarding this referral can be directed to:

Corrie Brubacher RN
Regional Cardiac Care Coordinator
Cardiac Surgery Program
Phone: 519-749-6578 x1936
Fax: 519-749-6414
Email: corrie.brubacher@wrhn.ca

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