



Referral Form

SportsCardiologyBC (SCBC) is a UBC subspecialty Cardiology program based at UBC Hospital. It is a nationally recognized clinical and research subspecialty program with a multitude of modalities available to it, all of which are aimed at ensuring safe participation in athletic endeavors. As Canada's foremost formal Sports Cardiology centre, we encourage the referral of your patient to this program for any and all of the following indications:

1. Clinical assessment by a trained Sports Cardiology cardiologist
2. Electrodiagnostic evaluation which includes: ECG, Exercise Tolerance Test, 24 HR. Holter, 24 HR. Ambulatory Blood Pressure Monitor, 5 day patch recording
3. Involvement in SCBC Research projects

Referral Date: _____

Patient Demographics:

Patient Name:	Date of Birth (YYYY-MM-DD)	
PHN:	Sex:	Phone:

Reason for a Referral:

- | | |
|--|--|
| <input type="checkbox"/> Sports cardiology clinical assessment | <input type="checkbox"/> 24 HR Ambulatory Blood Pressure Monitor |
| <input type="checkbox"/> ECG | <input type="checkbox"/> Long Term Event Monitor - 5 Day Patch |
| <input type="checkbox"/> Exercise Stress Test | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 24 HR Holter Monitor | _____ |

Referring MD:

Name of referring MD: _____ MSP: _____

Phone Number: _____ Fax Number: _____