AA-CLOZAPINE PATIENT CARE NETWORK

CARDIOLOGY CONSULT INITIAL CHECKLIST

Date:		**# of pages incl. cover:**	
To:		**AA-CLOZAPINE Patient Care Network**	**Tel: 1-877- 276-2569** **Fax: 1-866-836-6778**
Tel:		**Email:**	aaspire@aapharma.ca
Fax:		**Website:**	www.aaspire.ca

If this is an emergency request, please contact your internal/local cardiologist. Please allow between 24-48 hrs for consult completion

Patient PIN: _____

Date of Birth: _____

Age: _____

Gender: _____

Healthcare Number: _____

Physician Name: _____

Phone: _____

Fax: _____

Email address: _____ (Required by Cardiologist for contact with Physician)

(MANDATORY THAT ALL FIELDS ARE COMPLETED)

Provide the following information for the Initial Assessment:

Reason for Cardiology Consult (MANDATORY):

_____

_____

_____

Request to Cardiologist (MANDATORY):

☐ I would like the cardiologist to review the patient file and provide an assessment only (Chart Review)

☐ I would like the cardiologist to book an appointment with patient AND provide an assessment

Relevant Past Medical History:

☐ **Cardiovascular Risk Factors (Please circle below all relevant for the patient)**

- Hypertension
- Diabetes
- Dyslipidemia
- Smoker
- Family History of Premature ischemic heart disease
- Obesity
- Autoimmune disease (i.e., Rheumatoid Arthritis, Lupus)
- History of Gestational hypertension or Gestational diabetes

☐ **Coronary Artery Disease**

- **If Yes,** please provide details of relevant investigations and therapeutic interventions (i.e., dates and results of most recent Stress Tests, Myocardial Perfusion Imaging, Stress Echocardiogram, Angiography, Percutaneous Coronary Artery Intervention (PCI) or Coronary Artery Bypass Grafting (CABG).

Comment:

_____
_____
_____

☐ **Structural heart disease**

- Previous Myocarditis, Heart Failure, Valvular Heart Disease, Congenital heart disease
- **If Yes,** please provide dates and details of any interventions or corrective surgeries (valve repair or replacement procedures) and recent investigations including assessment of Left Ventricular Ejection Fraction (LVEF) via Echocardiogram, Cardiac MRI or Nuclear Wall Motion Study.

Comment:

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☐ **Pericardial Disease:**

- Pericarditis, Myopericarditis, Pericardial Effusion, Constrictive pericarditis.
- **If Yes,** please provide details including relevant investigations and treatment.

Comment:

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☐ **Heart Rhythm Disorder:**

- Any Arrhythmia, atrial fibrillation, atrial flutter, SVT, VT, Sudden Cardiac Death, Prolonged QT, Pacemaker, or ICD.
- **If Yes,** please provide details including relevant investigations and treatment.

Comment:

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☐ **Thrombosis, DVT or PE**

- **If Yes,** please provide details including relevant investigations and treatment.

Comment:

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☐ **EtOH Exposure, Illicit Drug Use**

Comment:

_____
_____
_____

☐ **Other significant medical history**

Comment:

_____
_____
_____

Current Medications and History of Clozapine Therapy:

☐ **History of Clozapine use**

Comment:

_____
_____
_____

☐ **Other Current Medications**

Comment:

_____
_____
_____

☐ **Drug Allergies**

Comment:

_____
_____
_____

Current Symptoms & Assessment to Date:

☐ **Current Symptoms**

- Chest pain, dyspnea, palpitations, presyncope, syncope, fatigue, malaise, edema, fever, rash.

Comment:

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☐ **Vital Signs- HR/BP/Temp/O2 sat (if available)/Body Mass Index or Height and Weight.**

Comment:

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_____

☐ **Bloodwork- Pretreatment (if available) and current- CBC and differential, ESR or CRP, Troponin, BNP, HbA1c, lipids.**

Comment:

_____

_____

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☐ **12 Lead ECG (Pretreatment and current if available)**

Comment:

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_____

☐ **Chest X-Ray (PA and LAT)**

Comment:

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☐ **Transthoracic Echocardiogram (Pretreatment and current if available)**

Comment:

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_____

Additional Comments:

_____

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Upon completion please have the information together with this cover faxed to **1-866-836-6778**.

Thank you for your assistance, should you have any questions or concerns or require any assistance please do not hesitate to contact us at **1-877-276-2569**. We would be more than happy to assist you.

AA-Clozapine Patient Care Network