

## SCHULICH CARDIO-OBSTETRICS CLINIC

## **Referral Form**

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## **Program Description**

The **Schulich Cardio-Obstetrics Clinic** is a dedicated cardiology clinic catering to the unique needs of women in the following categories: (1) those who have pre-existing heart conditions pre pregnancy or experience heart disease during pregnancy, delivery or post-partum, (2) pregnant women displaying symptoms of heart disease (3) and (4) women who have experienced cardiac complication during prior pregnancies. Our clinic works close in coordination with the DAN Women's and Babies Program at Sunnybrook. We have established partnerships with a team of specialists including obstetricians, maternal fetal medicine physicians, anesthesiologists, neonatologists, internal medicine specialists, endocrinologists, medical geneticists, and pharmacists to ensure our patients receive comprehensive and tailored care.

Consultations in this clinic require referral from a physician or advanced practice provider. Referrals will be triaged according to urgency of symptoms, diagnosis, and expected date of delivery. Please complete the form in its entirety. Incomplete forms will be returned. Please include all relevant medical reports, labs, consult notes, and/or cardiac test results.

results.						
Patient Demograph	ics					
Surname:	First name:		DOB (yyyy/mm/dd)		Health Card No. & Version Code:	
Address:			City:		Province:	Postal Code:
Telephone:	Alternate Phone:		Sex:	Pref	erred Language:	
Clinical Information	(*fields are mandatory)					
Maternal age*Gestational age*Last Menstrual Period* (yyyy-mm-dd):Expected due date* (yyyy-mm-dd):Previous pregnancy complications (if applicable):  O Preeclampsia/eclampsia O Gestational hypertension O Gestational diabetes O Other (please specify):		): (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Cardiac History* (check if applicable)  Peripartum cardiomyopathy Other cardiomyopathy / heart failure Non-complex congenital heart disease (ASD, VSD, etc.) Native valve dysfunction (BAV, rheumatic etc.) Mechanical or Bioprosthetic valve(s) Aortopathy Arrhythmias (SVT, AF/flutter, VT, bradyarrhythmias) Cardiac devices (pacemaker, ICD, CRT) Cardiac chest pain / previous coronary syndrome / SCAD Pericardial disease Pre-pregnancy counselling in cardiac patients IVF / assisted reproduction in cardiac patients Other (please specify):  P, PA)  LLEGE NO / BILLING NO: SIGNATURE:			
FULL ADDRESS (HOSPIT	AL/OFFICE NAME, STREET, CITY,	PROVINCE, POSTA	AL CODE):			
TELEPHONE FAX:			Requested Urgency:  ☐ < 3 weeks ☐ 1-2 months ☐ > 2 months			