

Referral for Tilt Table Test (TTT) + Consultation

PATIENT NAME:

Last: _____ First: _____

Sex: M F _____ Date of Birth (YYYY/MM/DD): _____

Address: _____

Primary phone number: _____ Email: _____

HEALTH CARD #:

Referring Physician Name: _____

Referring Physician Number: _____

Date of Referral (YYYY/MM/DD): _____

PHYSICIAN SIGNATURE:

Please include:

Clinical notes ECG HOLTER ECHO CBC, lytes, Cr, TSH

TEST INDICATION/CLINICAL DIAGNOSIS:

Syncope* Is Nitroglycerin use safe in this patient? Yes No I don't know

***Syncope Test Protocol** - 20 minute upright testing with use of Nitroglycerine (Eur Heart J 2023; 44:2473-2479)
2020 CCS Clinical Practice Update on Syncope: "A TTT should be considered when there is diagnostic uncertainty (CJC 2020; 20: 1167-1177)

Postural Orthostatic Tachycardia Syndrome (POTS)**

****POTS testing** - 10 minute upright testing
CCS Position Statement on POTS: "We do not recommend routinely performing TTT" (CJC 2020;36: 357-372)

Other - Please provide clinical history:

Referring physician to confirm with patient specific recommendations (hold/take) regarding beta blockers, calcium channel blockers or ivabradine pre procedure.