76 Grenville Street
Toronto, Ontario
M5S 1B2

Tel: 416-323-7723 Fax: 416-323-6304

CARDIOVASCULAR AUTONOMIC DISORDERS REFERRAL

REFERRAL DATE: ____/____/______
DD / MM / YYYY

PATIENT INFORMATION
(Affix Patient Label/Identification Here)

MRN:____________ HCN:______________________

Name:______________________________________

Sex:__________ Date of Birth:_____/_____/______
DD / MM / YYYY

Address:___________________________________

Telephone:______________ Alternate #:____________

ADDITIONAL PATIENT INFORMATION

Preferred name: Gender (*if not same as above*):

Pronouns: ☐ He/Him ☐ She/Her ☐ They/Them ☐ ______________

Other insurance coverage (IFH, UHIP, etc.): ☐ Self-pay

Language spoken: Interpreter required: ☐ Yes ☐ No

REFERRING PROVIDER INFORMATION

Name:

Address:

Telephone:

Fax:

Billing #: ______________

Signature: ______________

☐ Referring Provider is not the Primary Care Provider
Primary Care Provider Name: ______________ Phone:__________ Fax:__________

REASON FOR REFERRAL

For assessment/treatment/management of:

☐ Orthostatic lightheadedness (orthostatic intolerance)

☐ Neurogenic orthostatic hypotension and/or Supine hypertension in the setting of:
- ◯ Pure autonomic failure
- ◯ Multiple system atrophy
- ◯ Parkinson's disease
- ◯ Baroreflex failure
- ◯ Autonomic neuropathy

☐ Postural Orthostatic Tachycardia Syndrome (POTS)

☐ Inappropriate Sinus Tachycardia (IST)

When referring your patient, please consider that the below conditions preclude a diagnosis of POTS:

- Hypovolemia
- Anemia
- Endocrinopathy
- Medication effect (including stimulants, diuretics and norepinephrine reuptake inhibitors, alpha blockers, tricyclic antidepressants)
- Prolonged bedrest/deconditioning

Conditions we do NOT assess/treat/manage:

- × Non-postural dizziness
- × Chronic Fatigue Syndrome (CFS)
- × Myalgic Encephalomyelitis (ME)
- × Unspecified fatigue
- × Non-specific autoimmune conditions
- × For diagnosis of mast cell diseases including Mast Cell Activation Syndrome (MCAS)
- × Complex regional pain syndrome (CRPS)
- × For diagnosis of Ehlers Danlos Syndrome (EDS)
- × (Isolated) Gastro-intestinal conditions/symptoms
- × (Isolated) Gastro-urinary/bladder symptoms
- × Headache
- × Idiopathic focal hyperhidrosis
- × Lyme disease
- × Post concussion syndrome
- × Seizure or rule out seizure
- × Psychiatric disorders
- × Medication related tachycardia
- × Tachycardia and/or hypotension in the setting of an eating disorder, eating disordered behaviour or malnutrition
- × Autonomic dysreflexia, e.g. in the setting of spinal cord injury

Please also note we **do NOT** perform tilt table testing at this time.

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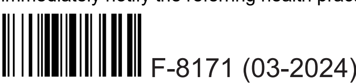

WOMEN'S COLLEGE HOSPITAL
Healthcare | REVOLUTIONIZED
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REQUIRED CLINICAL INFORMATION

These documents are required:

- ☐ Consultation reports
- ☐ Cardiac testing *(if already done)*
- ☐ Orthostatic vitals (*please complete chart on right*)

Lack of key information or delay in providing relevant medical documentation may result in denial of the consultation.

Orthostatic vitals: DATE ________________
DD / MM / YYYY

POSITION	BLOOD PRESSURE	HEART RATE
Supine 5 min		
Standing 1 min		
Standing 3 min		
Standing 5 min		
Standing 8 min		
Standing 10 min		

ADDITIONAL INFORMATION

Past and current medical history:

Allergies and reaction:

Current medications (include list):