Surrey Memorial Hospital / Jim Pattison Outpatient Care Centre

Cardiac Amyloidosis Pathway

New Patient Referral Form

fraserhealth

Patient name: _____ PHN: _____

DOB (DD/MM/YYYY): _____ Patient Phone: _____

Patient Email: _____

Patient registered with Fair Pharmacare? ◯ Yes ◯ No ◯ Unknown

Patient has extended health insurance? ◯ Yes ◯ No ◯ Unknown

PHYSICIAN REQUEST

- ◯ 1st Available Physician
- ◯ Dr. Calvin Tong
- ◯ Dr. Tarun Sharma

Referred by: _____ MSP #: _____ Phone: _____ Fax: _____

Primary community cardiolgist (if applicable): _____ Family Doctor: _____

Relevant Consult letter included? Yes ◯ No ◯ Referral date (DD/MM/YYYY): _____

Urgent Request (within 2-4 weeks)? Yes; ☐ **If Yes, please explain:** _____

Suspected by: ☐

- ☐ Clinical signs/symptoms (e.g. bilateral carpal tunnel syndrome)
- ☐ Abnormal wall thickness on Echo
- ☐ Abnormal strain on Echo
- ☐ Cardiac MRI
- ☐ Other

Confirmed ☐ **ATTR** ☐ **AL**

Based on:

- ☐ Abnormal PYP Scan
- ☐ Endomyocardial Biopsy
- ☐ SPEI, UPEI, Serum Free Light Chains
- ☐ Bone Marrow Biopsy
- ☐ Other

A diagnosis of AL Amyloidosis should prompt urgent Hematology referral.

Investigations prior to consultation: Required within 3 months

- ✓ NT-proBNP, CBC, Creatinine, Electrolytes

Please include reports of the following tests if available: (Indicate below if already completed)

- ☐ SPEP with Immunofixation
- ☐ UPEP with Immunofixation
- ☐ Serum Free Light Chains
- ☐ Troponin / hs-Troponin
- ☐ Stress Test
- ☐ ECG
- ☐ Echocardiogram with Strain Imaging
- ☐ Cardiac MRI
- ☐ Coronary Angiogram
- ☐ Nuclear Scintigraphy (99mTc-PYP) * Not applicable in suspected AL
- ☐ Holter
- ☐ Other (please specify):

Please Submit Referral Form and Documents to

SMH / JPOCSC Heart Function Clinic Fax: **604-582-3783**

SMH / JPOCSC Heart Function Clinic, 9750 140th St, Surrey BC V3T 0G9