

## **SPORTS CARDIOLOGY CLINICAL SERVICE**

### **Goals of the Sports Cardiology Clinic**

- We aim to provide a clinical service for athletes, both recreational and competitive, and highly active individuals, who have suspected or established heart disease, or where there is concern about the cardiac safety of vigorous or endurance sports
- The service will provide a high-level, multidisciplinary care, including testing and assessment, diagnosis, risk evaluation, and if appropriate, exercise prescription

### **Who should be referred?**

Examples of situations where a Sports Cardiologist may be helpful:

- Competitive athletes with suspected or diagnosed heart disease
- Recreational or competitive athletes who have been screened and have abnormal tests or a suspicion of cardiac risk with exercise
- Patients with identified heart disease wishing to “return to play” and seeking a safe exercise
- Ongoing management of cardiac disease in recreational or competitive athletes wishing to continue training and competition
- Athlete family members of individuals identified with heritable heart disease, for risk assessment

### **How do I refer a patient?**

- Please complete the Sports Cardiology referral form along with clinical notes, ECG's, and relevant test results and Fax to 416-864-6065 or email to [sportscardiology@unityhealth.to](mailto:sportscardiology@unityhealth.to)
- Please ensure that referring physician information is complete
- Once the form is received, the patient will be contacted with an appointment

### **How long does it take before patients are seen in clinic?**

- We strive to see all new consults within 4 weeks, however we will prioritize consults based upon clinical factors which may lead to longer wait times
- If there is an emergency, the referring physician should contact the clinic directly

### **Who sees patients in clinic?**

- Three expert Sports Cardiologists are staffing the clinic, including Dr. Paul Angaran, Dr. Kim Connelly, and Dr. Paul Dorian, as well as Clinical Fellows who are training to become specialists in this area
- Support services include advanced echocardiography, stress testing, cardiac imaging including MRI, advanced ambulatory monitoring, and access to electrophysiologic studies and cardiac catheterization

**Thank you for the referral.  
You may contact us at 416-864-6043**

**SPORTS CARDIOLOGY REFERRAL FORM - Fax to 416-864-6065**  
**Or Email [sportscardiology@unityhealth.to](mailto:sportscardiology@unityhealth.to)**

**Patient Information:** (written or sticker)

Name: \_\_\_\_\_  
(First) (Last)

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
(DD/MMM/YYYY) (male/female)

OHIP #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone(s): \_\_\_\_\_

**Date of Referral:**

\_\_\_\_\_ (DD/MMM/YYYY)

**Referred by:**

Name: \_\_\_\_\_ (First) (Last)

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Referring Physician #: \_\_\_\_\_

**Problems:** (check all that apply)

- Preparticipation screening
- Safety of resuming/continuing sport/competition ("return to sport")
- Exercise prescription
- Risk assessment for sudden death/arrhythmias (PVCs VT, AFib, etc.) – Specify: \_\_\_\_\_
- Device consideration (Pacemaker/ICD)
- Valve disease and sports assessment
- Aortic or vascular disease and sports assessment
- Other (myocarditis/pericarditis, etc.) – Specify: \_\_\_\_\_

**Known or suspected heart/vascular disease:** (check all that apply)

- LV dysfunction
- Prior documented arrhythmia – Specify: \_\_\_\_\_
- Atrial fibrillation
- Valve disease – Specify: \_\_\_\_\_
- Coronary disease
- Family history of cardiomyopathy / arrhythmia / sudden death
- Abnormal screening history

**Performed:** (check all that apply AND attach results/full report if available) --- **Please attach prior consultations if relevant**

- Echocardiogram
- Cardiac Catheterization
- MRI
- Stress Test (including perfusion of stress echo)
- Holter
- CT angiogram/ coronary calcium
- Blood work

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