

Paediatric Cardiology Clinic
800 Commissioners Road East
London, Ontario N6A 5W9
Phone: 519-685-8237 Ext. 1
Fax: 519-685-8584



Request for Consultation for Paediatric Cardiology Chest Pain

We have received a request for consultation from your office and would like the following information to assist us to triage the urgency of your request. Any diagnostic testing that you have completed would be greatly appreciated (ie Vital Signs, ECG, ECHO, Blood work).

Onset of symptoms (date): _____

Is the chest pain associated with:

palpitations/tachycardia presyncope/syncope

If associated with palpitations/tachycardia what is the onset and duration?

Is associated with: rest exertion

If associated with presyncope/syncope please provide a description of LOC, exertional vs. rest

Number of episodes: 1 2-5 6-10 >10

Frequency of episodes: daily weekly monthly

Duration of pain: < 1 min 1-5 min 6-10 min > 10 min

Location of pain and rating out of 10: _____