HeartCare Cardio-Obstetrics Clinic

Cardio-Obstetrics is a specialized cardiology program for women with: (1) established heart disease pre-pregnancy, during pregnancy, delivery, and post-partum (2) pregnant women with symptoms of heart disease or (3) women with previous cardiac complications of pregnancy.

We collaborate with obstetricians, maternal fetal medicine physicians, family medicine specialist, internal medicine specialists, endocrinologists, behavioral health specialist, cardiac rehabilitation, and social work.

Please complete the form in its entirety. Please include all relevant medical reports, labs, consult notes, and/or cardiac test results.

Fax the completed form to 336-610-3719.

Patient Demographic

Name:	DOB:
Address:	
Telephone	

Clinical Information

Reason for Referral:

Gestational age:

G____ T____ P____ A____ L____ status*

Expected due date: _______________

Previous pregnancy complications (if applicable):

- ☐ Preeclampsia/eclampsia
- ☐ Gestational hypertension
- ☐ Gestational diabetes
- ☐ Other (please specify):

*G=Gravity, T= term deliveries, P=preterm deliveries, A= abortions or miscarriages, L= live births

Cardiac History* (check if applicable)

- ☐ Peripartum cardiomyopathy
- ☐ Other cardiomyopathy / heart failure
- ☐ Non-complex congenital heart disease (ASD, VSD, etc.)
- ☐ Native valve dysfunction (BAV, rheumatic etc.)
- ☐ Mechanical valve(s) ____________________
- ☐ Bioprosthetic valve(s) ___________________
- ☐ Arrhythmias (SVT, AF/flutter, VT, bradyarrhythmias)
- ☐ Cardiac devices (pacemaker, ICD, CRT)
- ☐ Cardiac chest pain / previous coronary syndrome
- ☐ Pericardial disease
- ☐ Pre-pregnancy counselling in cardiac patients
- ☐ Other (please specify):_______________________

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Referring Physician/Practitioner

Full name		Signature
Address:		
Telephone	Fax	Requested Urgency: ☐ < 4 weeks ☐ 1-2 months ☐ > 2 months