

Minimum requirements for eConsult submissions:

- **Patient demographics including:**
first and last name, DOB, gender, address, language, race, ethnicity
- **Patient's primary insurance plan, member ID, and eligibility verification**
- **Requisition form with specialty listed, ICD 10 code, ordering provider**
- **Most recent progress note(s)/note(s) relevant to issue**
- **Photos for Dermatology eConsults**

Additional helpful documents when appropriate and available:

- Recent labs
- Relevant radiology imaging/pathology reports
- ECG
- ED records/discharge summaries
- Growth charts for pediatric specialties

All consults that are not emergent can be appropriate for an eConsult

- Outside of a specific procedure such as; surgery, a biopsy, colonoscopy, or an invasive procedure—please do not hesitate to submit as an eConsult.
- If our specialists need any additional information, they will ask and we will obtain if available.

For more information or any questions
regarding eConsult submissions or
workflow issues, please email
help@confermed.com



CARDIOLOGY eConsult Request

Current Status: Submitted

Referral Information		
eConsult ID: Status: Submitted Dialog Status: Initial Dialog Auth Number: Decision Date: Appointment:	Diagnosis: Procedure(s): Additional Notes: Message to Referrer: If you have any questions or feedback on this consult, please email support@confermed.com	ICD Code: Qty:
eConsult Dialog If you would like to rate this consult please click https://chc1.quickbase.com/db/bmxqggj5w?a=nwr&_fid_6=13729353&ifv=1 The recommendations provided in this eConsult are based on data provided by the referring provider. The Specialist did not personally interview or examine the patient.		
Date/Time:	From: PCP Name	To: CARDIOLOGIST
eConsult: T wave changes. Patient presents for a cataract surgery preoperative visit. Patient denies any CP, SOB, and has no cardiac issues in past. Patient does have HLD, DM2, and HTN. Patient has T wave inversions to lead I and AVL today; patient had T wave flattening in an EKG done in 2015. I don't think her EKG is significant for cardiac pathology and I doubt there would be any issues with cataract surgery but would like your input. Would patient need a stress test or other cardiac exam?		
Date/Time:	From: CARDIOLOGIST	To: PCP Name
Diagnosis: New guidelines only delay surgery from a cardiovascular standpoint if the patient is having active ischemia, is in CHF, has severe sx valvular disease or has high degree AV block or arrhythmias. Taken into consideration, also, is the risk of the surgical procedure, the patient's comorbidities, and their functional status. Functional status (is the patient able to walk 4 blocks and up 2 flights of stairs without SOB or CP) should always be evaluated as well. Thus if the patient is asx (no CHF/ no ischemia), no murmur of AS, no heart block on EKG, and can walk four blocks or up a flight of stairs without CP, they can be cleared for surgery with no further testing indicated. Cataract surgery is a low risk procedure. Due to the new EKG changes, the patient should be evaluated by cardiology due to her risk factors. If she is active and can walk four blocks and up two flights of stairs without CP, surgery need not be delayed, however if she can't, she should be evaluated by cardiology first. Risk factor modification, including a healthy low fat diet/daily walks, weight control, and smoking avoidance (including second hand smoke) should be reinforced with the patient. LDL and HGBA1C levels should be optimized.		