UC Davis Health
Clinical Telehealth Program Referral Guidelines

Adult
CARDIOVASCULAR - HYPERTENSION, DIABETES
Clinical Telehealth Consultations

The following is a listing of clinical conditions appropriate for clinical telehealth cardiovascular consultations. If you would like to refer a patient with a condition that is not listed below, please send your request along with the patient’s chart notes to the telehealth coordinator for the specialist’s consideration.

**Clinical Conditions**
- ECG interpretation
- Chest pain syndromes
- Arrhythmias
- Congestive heart failure (CHF)
- Valvular heart disease
- Uncontrolled hypertension
- Peripheral vascular disease (PVD)
- Carotid artery disease
- Renal vascular disease
- Aortic aneurysms

**The following if available:**

<table>
<thead>
<tr>
<th>Clinical Condition</th>
<th>Test/Studies</th>
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<tbody>
<tr>
<td>Chest pain syndromes:</td>
<td>ECG</td>
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<td></td>
<td>Stress test</td>
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<td></td>
<td>Echocardiogram</td>
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<tr>
<td>Arrhythmias:</td>
<td>ECG</td>
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<td>Holter/Event Monitor</td>
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<td></td>
<td>Echocardiogram</td>
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<td>CHF:</td>
<td>ECG</td>
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<td>Echocardiogram</td>
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<tr>
<td>Valvular heart disease:</td>
<td>Echocardiogram</td>
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<tr>
<td>PVD</td>
<td>ABI</td>
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<td>Carotid artery disease:</td>
<td>Duplex Ultrasonography</td>
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<td>Renal vascular disease:</td>
<td>Duplex Ultrasonography</td>
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<tr>
<td>Aortic aneurysms:</td>
<td>CT Scan or MRI</td>
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</table>

**Consultants:** Jeffrey A. Southard, MD

**Appointment Scheduling:**
- New: 40 minutes
- F/U: 20 minutes

**Level of Presenter Required:**
May include a brief introduction from the primary care provider when appropriate

**Video Equipment Required:**
1. Videoconferencing unit
2. General patient exam camera

**The following information must be received prior to scheduling an appointment:**
1. Telehealth Referral Request Form.
2. Recent H&P and all applicable clinical information from patient’s chart
3. If available, test results from any of the clinical conditions

**The following must be received before the consult begins:**
1. Signed UC Davis Health Acknowledgement of Receipt: Notice of Privacy Practices form (new patients only)
2. Documented verbal consent from patient for participation in telehealth consultation

UC Davis Health Clinical Telehealth Program
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Referral Fax: (866) 622-5944
http://health.ucdavis.edu/cht/clinic/