

Patient Information

Last Name _____ First Name _____
 Address _____
 City _____ Postal Code _____
 Phone (Home) _____ Phone (Work) _____
 OHIP # _____ VC _____ DOB _____ Sex M F



Physician Information

Referring Physician _____ Billing # _____ Phone _____ Fax _____
 Patient Information _____

 _____ Signature _____ Date _____

Indications

- General Cardiology Consultation
- Heart Failure Clinic
- Cardio Oncology Clinic
- Pre-Op Cardiac Assessment Clinic
- Cardiac Risk Evaluation Clinic
- Fitness Evaluation Program

Clinical Information

- Shortness of Breath
- History of MI / Stroke
- Angina / Ischemic Heart Disease
- Palpitations
- Heart Murmur
- Dizziness / Lightheadedness
- Syncope
- Hypertension
- High Cholesterol
- Diabetes
- Family history of heart disease
- Atrial Fibrillation/Arrhythmias
- Abnormal ECG
- Other : _____

Cardiac Investigations

- Echocardiogram
- Stress Echocardiogram
- Exercise Test (Treadmill or Bike)
- Cardiopulmonary Test
- Cardiac biomarkers
- Cardiac genetics
- 12 Lead ECG
- Holter Monitoring
 - 24 hrs 48 hrs 72 hrs 7 days
- 24 hour Ambulatory BP Monitoring and Consultation
(No Charge to Patients)

Instructions to Patients

- Bring your health card and all your medications with you.
- Please bring or ask your referring physician to forward any relevant cardiac records or investigation reports.
- Wear comfortable clothing and shoes for exercise. Light meal only 2 hours before the exercise test.
- Continue all your medications unless otherwise instructed by your doctor.
- Please provide us with 48 hours notice for cancellation.
- Spanish, Italian, Portuguese, Polish, Korean and Russian interpreters available. Please inform our receptionist prior to your visit.

Appointment date and time :

_____ : _____