GOOD HEALTH CPS
GUELPH CARDIAC CLINIC

Good Health CPS Guelph Clinic
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PATIENT INFORMATION:

Last Name: _____ First Name: _____
DOB:(mm/dd/yyyy) _____
Health Card Number: _____ VC: ____
Address: _____
City: _____ Province: ___ Postal Code: _____
Phone: _____
Email: _____
Gender: ☐ Female ☐ Male ☐ _____

REFERRING PHYSICIAN:

Can the Patient Exercise on a Treadmill: ☐ Yes ☐ No
Level of Urgency: ☐ Urgent ☐ Elective

INDICATION: ***Check all that apply***

****consultation will be arranged if there are high risk features on diagnostic testing***

☐ Chest Pain – Consider: Echo & Appropriate Stress Testing with consultation
☐ Dyspnea – Consider: Echo & Appropriate Stress Testing with consultation
☐ Palpitations – Consider: Echo & 48-Hour Holter Monitor
☐ Syncope – Consider: Echo & 48-Hour Holter Monitor
☐ Atrial Fibrillation – Consider: Echo & 48-Hour Holter Monitor
☐ Cardiac Source of Embolism – Consider: Echo & 14-Day Holter Monitor
☐ High Risk CV Profile – Consider: Echo & Appropriate Stress Testing with consultation
☐ Murmur – Consider: Echo
☐ Other – Please specify indication below and select appropriate testing

Echocardiography	☐ Echocardiogram
Monitoring	Holter Monitoring: ☐ 24 hr ☐ 48 hr ☐ 72 hr ☐ 14 Day Ambulatory Blood Pressure Monitor: ☐ 24 hr *($75 fee, cash or cheque only; not covered by OHIP)*
Stress Testing *(Patient has no physical, cognitive or other impediment to exercise)*	☐ Treadmill Stress Test with consultation ☐ Treadmill Stress Test *(Test only)* ☐ Exercise Stress Echocardiogram with consultation ☐ Exercise Stress Echocardiogram *(Test only)*
Consult	☐ Consultation requested if there are high risk findings on diagnostic testing ☐ Consultation

Please provide all relevant clinical information:

Physician's Signature: _____ Billing #: _____ Date: _____