

**PATIENT INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
DOB:(mm/dd/yyyy) \_\_\_\_\_  
Health Card Number: \_\_\_\_\_ VC: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Gender: ☐ Female ☐ Male ☐ \_\_\_\_\_  
Language: ☐ Cantonese ☐ Mandarin ☐ Farsi ☐ Arabic ☐ Other \_\_\_\_\_

**REFERRING PHYSICIAN:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Billing #: \_\_\_\_\_  
Physician Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Can the Patient Exercise on a Treadmill:** ☐ Yes ☐ No

**Level of Urgency:** ☐ Urgent (< 2 Days) ☐ Semi-Urgent (< 1 week) ☐ Elective ☐ Same Day \*Please call

Consultation	<input type="checkbox"/> Cardiology Consultation <input type="checkbox"/> Lipid Clinic (Primary and Secondary Prevention) <input type="checkbox"/> Hypertension Clinic
Diagnostics	<input type="checkbox"/> Echocardiogram Holter Monitoring: <input type="checkbox"/> 24 hr <input type="checkbox"/> 48 hr <input type="checkbox"/> 72 hr <input type="checkbox"/> 14 Day Ambulatory Blood Pressure Monitor: <input type="checkbox"/> 24 hr (\$75 fee not covered by OHIP)
Stress Testing	<input type="checkbox"/> Treadmill Stress Test with consultation <input type="checkbox"/> Exercise Stress Echocardiogram with consultation

**INDICATION: Check all that apply**

- |   |   |                                       |   |
|---|---|---------------------------------------|---|
| <input type="checkbox"/> Chest Pain           | <input type="checkbox"/> Atrial Fibrillation        | <input type="checkbox"/> Murmur       | <input type="checkbox"/> Heart Failure  |
| <input type="checkbox"/> Dyspnea              | <input type="checkbox"/> Presyncope / Syncope       | <input type="checkbox"/> Palpitations | <input type="checkbox"/> Cardiomyopathy |
| <input type="checkbox"/> High Risk CV Profile | <input type="checkbox"/> Cardiac Source of Embolism | <input type="checkbox"/> Bradycardia  |   |

**Please provide all relevant clinical information:**