

Patient Name: _____ Date of Birth: _____^{MM / DD / YY} Phone: _____

Patient Address: _____ Health Card: _____

Referring Physician: _____ Signature: _____^(When possible same day)

Results Call: _____ or Fax: _____

Current Complaint / Patient History: _____

Reason for Referral / Cardiac Testing

- | | | | |
|--|---|--|-----------------------------------|
| <input type="radio"/> Chest Pain | <input type="radio"/> Palpitations Arrhythmia | <input type="radio"/> Cardiac Assessment | <input type="radio"/> Other _____ |
| <input type="radio"/> Presyncope / Syncope | <input type="radio"/> Hypertension | <input type="radio"/> Murmur | _____ |
| <input type="radio"/> Dyspnea | <input type="radio"/> TIA / Stroke | <input type="radio"/> CAD | _____ |
| <input type="radio"/> Vascular Disease | <input type="radio"/> Risk Stratification | <input type="radio"/> CHF | _____ |

Cardiac Testing

- | | | |
|---|--|--|
| <input type="radio"/> Electrocardiogram | <input type="radio"/> Cardiac Holter Monitor | <input type="radio"/> Dobutamine Stress Echo
<i>Patients unable to exercise</i> |
| <input type="radio"/> ABI (Ankle Brachial Index) | <input type="radio"/> Echocardiogram | <input type="radio"/> with Contrast |
| <input type="radio"/> ABPM (24hr Ambulatory BP Monitor)
<i>(Not covered by OHIP – \$75 charge)</i> | <input type="radio"/> with Contrast | <input type="radio"/> Exercise Stress Echo |
| <input type="radio"/> Spirometry – with Flow/Volume Loop | <input type="radio"/> with Saline Bubble Study | <input type="radio"/> with Contrast |

Specialist / Clinic Referral

- | | | |
|--|---|---|
| <input type="radio"/> Dr. Joseph Berlingieri, MD FRCPC
<i>*Internal Medicine, Critical Care Medicine</i> | <input type="radio"/> Dr. William Nisker, MD FRCPC
<i>*Internal Medicine, Geriatric Medicine</i> | <input type="radio"/> Dr. Hisham Dokainish, MD FRCPC FACC FASE
<i>*Cardiology, Adult</i> |
| <input type="radio"/> Dr. Jefferey Lang, MD FRCPC
<i>*Internal Medicine, Critical Care Medicine</i> | <input type="radio"/> Jennifer Snider, RN Certified
<i>Diabetes Educator</i> | |
| <input type="radio"/> Cardiac and Vascular Clinic | <input type="radio"/> Diabetes
<i>*Registered ADP insulin pump facility</i> | <input type="radio"/> Stroke Prevention Clinic |
| <input type="radio"/> Pounds for Health Clinic
<i>*Weight loss management (OHIP funded)</i> | <input type="radio"/> Cardiometabolic Optimization
Clinic | <input type="radio"/> Bone Health Clinic
<i>*Osteoporosis</i> |
| <input type="radio"/> Memory Clinic
<i>*For patient with known or suspected
cognitive dysfunction</i> | | |

