

# REFERRAL FORM

Please call or fax to make an appointment

1371 Neilson Road, #412,  
Scarborough ON M1B 4Z8  
Tel: 416.281.9499  
Fax: Scarborough 416.283.5705

235 Salem Road, 2nd Floor  
Ajax ON L1Z 0B1  
Tel: 905.426.8333  
Fax: Ajax 905.426.4447



Compassionate Cardiology • Leading edge Technology

[www.hearthealthinstitute.net](http://www.hearthealthinstitute.net)

PATIENT INFORMATION			
Name: _____	DOB: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Address: _____	City: _____	Postal: _____	
Phone: _____	Health Card / Version Code : _____		

CARDIAC CONSULTATION
<b>CARDIOLOGIST</b>
<input type="checkbox"/> Dr. Vineeta Ahooja
<input type="checkbox"/> Dr. Ashraf Al Azzoni
<input type="checkbox"/> Dr. Jason Burstein
<input type="checkbox"/> Dr. Sanjay Dhingra
<input type="checkbox"/> Dr. Natalie Ho
<input type="checkbox"/> Dr. Amir Janmohamed
<input type="checkbox"/> Dr. Bhavanesh Makanjee
<input type="checkbox"/> Dr. James Swan
<input type="checkbox"/> Dr. Shruti Tandon
<input type="checkbox"/> Dr. Ram Vijayaraghavan
<input type="checkbox"/> Dr. Andrew Yadegari
<input type="checkbox"/> Dr. Raymond Yan
<input type="checkbox"/> Dr. Kibar Yared
<input type="checkbox"/> Dr. Derek Yung
<input type="checkbox"/> First Available
<b>RESPIROLOGIST</b>
<input type="checkbox"/> Dr. Sacha Bhinder
<b>VASCULAR SURGEON</b>
<input type="checkbox"/> Dr. Mohammed Al-Omran
<b>URGENCY</b>
<input type="checkbox"/> Urgent < 24 Hours
<input type="checkbox"/> Semi-Urgent < 1 week
<input type="checkbox"/> Elective

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

REASON FOR REFERRAL			
<b>CARDIAC</b>	<b>ENDOCRINE</b>	<b>RESPIROLOGY</b>	<b>VASCULAR</b>
<input type="checkbox"/> Chest pain	<input type="checkbox"/> Thyroid	<input type="checkbox"/> COPD	<input type="checkbox"/> Claudication
<input type="checkbox"/> Palpitations	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma	<input type="checkbox"/> Numbness
<input type="checkbox"/> Dizziness/Syncope	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Dyspnea	<input type="checkbox"/> Stenosis
<input type="checkbox"/> Other: _____			

**PLEASE BRING YOUR MEDICATIONS OR A LIST OF YOUR MEDICATIONS TO THE APPOINTMENT**

PHYSICIAN INFORMATION	
Physician Name: _____	Billing # _____
Physician Signature: _____	Phone: _____

## CARDIAC TESTING

NON INVASIVE TESTING
<input type="checkbox"/> Exercise ECG (GXT)
<input type="checkbox"/> Stress Echo
<input type="checkbox"/> Exercise
<input type="checkbox"/> Dobutamine
<input type="checkbox"/> Supine Bicycle

IMAGING
<input type="checkbox"/> 2D Echocardiography (Echo contrast used if required); 3D Echocardiography will be used for LV volume and EF assessment as needed
All patients with highrisk test results will receive same day consultation.

ECG/ARRHYTHMIA/BP
<input type="checkbox"/> ECG <input type="checkbox"/> Signal Average ECG
<input type="checkbox"/> 24 Hr Holter <input type="checkbox"/> 48 Hr Holter
<input type="checkbox"/> 5 Day Holter <input type="checkbox"/> 14 Day Holter
<input type="checkbox"/> 24 Hr Ambulatory BP Monitor (\$50.00)

[www.hearthealthinstitute.net](http://www.hearthealthinstitute.net)

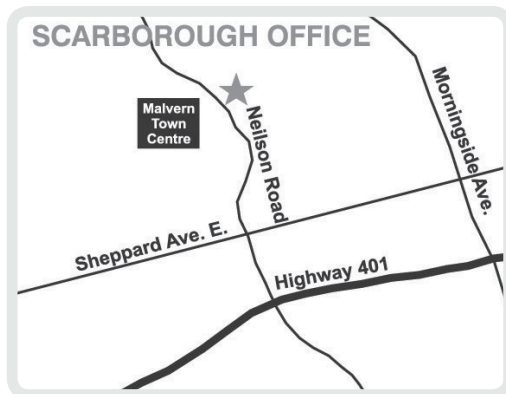
# CARDIAC TEST PREPARATIONS



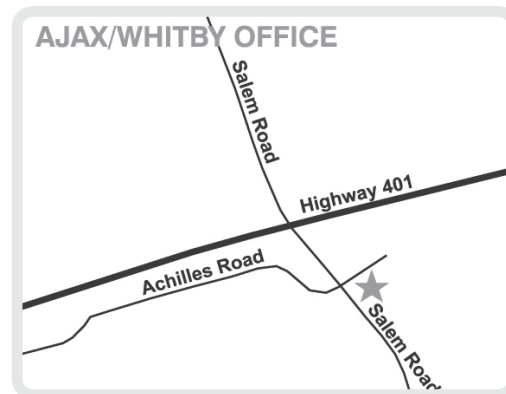
Compassionate Cardiology • Leading-edge Technology

1. PLEASE BRING ALL MEDICATIONS TO ALL TESTS.
2. Bring OHIP card (required by Ministry of Health).
3. Do not wear cream or body lotion on day of test.
4. If English is not spoken by patient, please have English speaking person accompany patient.

TEST INFORMATION	PREPARATION/DURATION
<b>Echocardiogram</b> To assess heart function and structure using ultrasound.	No Preparation. <b>1 Hour</b>
<b>Exercise ECG</b> Walk on treadmill increasing speeds and incline. Your MD should explain risk and benefit of the test to you.	Wear loose clothing and running shoes. Bring eyeglasses as there will be a consent form to sign. (Non exercise ECG requires no preparation) <u>Check with own MD regarding stopping beta-blockers</u> <b>30 minutes</b>
<b>Bicycle/Stress Echocardiogram</b> Exercise in combination with ultrasound of the heart to assess for heart disease.	Wear loose clothing and running shoes. Bring eyeglasses as there will be a consent form to sign. (Non exercise ECG requires no preparation) <u>Check with own MD regarding stopping beta-blockers</u> <b>1 Hour</b>
<b>Dobutamine Stress Echocardiogram</b> Medication given to increase heart rate and contractility to assess for heart diseases.	Wear loose clothing and running shoes. Bring eyeglasses as there will be a consent form to sign. (Non exercise ECG requires no preparation) <u>Check with own MD regarding stopping beta-blockers</u> <b>1 Hour</b>
<b>Holter Monitor</b> Worn to assess heart rhythm.	Wear 2-piece outfit. <b>15 minutes hook up</b>
<b>Ambulatory Blood Pressure Monitor</b> Worn for 24 hours to monitor blood pressure.	Wear belt. <b>10 minutes</b> (\$50 charge - cash or cheque please)



1371 Neilson Road, #412,  
 Scarborough ON M1B 4Z8  
 Tel: 416.281.9499



235 Salem Road, 2nd floor,  
 Ajax ON L1Z 0B1  
 Tel: 905.426.8333

RF09/2012