

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

PATIENT INFORMATION

Name: _____ DOB: _____ Sex: ☐ M ☐ F
Address: _____ City: _____ Postal: _____
Phone: _____ Health Card / Version Code : _____

CARDIAC CONSULTATION

CARDIOLOGIST

- ☐ Dr. Samir Basmaji
☐ Dr. Jason Burstein
☐ Dr. Mark Davis
☐ Dr. Sanjay Dhingra
☐ Dr. Natalie Ho
☐ Dr. Amir Janmohamed
☐ Dr. Guerman Kisselman
☐ Dr. Bhavanesh Makanjee
☐ Dr. Ram Vijayaraghavan
☐ Dr. Andrew Yadegari
☐ Dr. Raymond Yan
☐ Dr. Kibar Yared
☐ Dr. Derek Yung
☐ First Available

RESPIROLOGIST

- ☐ Dr. Sacha Bhinder

ENDOCRINOLOGIST

- ☐ Dr. Sabreena Sadat

URGENCY

- ☐ Urgent < 24 Hours
☐ Semi-Urgent < 1 week
☐ Elective

Appointment Date: _____ Time: _____

REASON FOR REFERRAL

CARDIAC

- ☐ Chest pain
☐ Palpitations
☐ Dizziness/Syncope
☐ Other: _____

ENDOCRINE

- ☐ Thyroid
☐ Diabetes
☐ Osteoporosis

RESPIROLOGY

- ☐ COPD
☐ Asthma
☐ Dyspnea

VASCULAR

- ☐ Claudication
☐ Numbness
☐ Stenosis

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

PHYSICIAN INFORMATION

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

CARDIAC TESTING

NON INVASIVE TESTING

- ☐ Exercise ECG (GXT)
☐ Stress Echo
☐ Exercise
☐ Dobutamine

IMAGING

- ☐ 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

- ☐ ECG ☐ Signal Average ECG
☐ 24 Hr Holter ☐ 48 Hr Holter
☐ 5 Day Holter ☐ 14 Day Holter
☐ 24 Hr Ambulatory BP Monitor (\$50.00)

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CARDIAC TEST PREPARATIONS



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- 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
Echocardiogram To assess heart function and structure using ultrasound.	No Preparation. 1 Hour
Exercise ECG 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> 30 minutes
Bicycle/Stress Echocardiogram 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> 1 Hour
Dobutamine Stress Echocardiogram 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> 1 Hour
Holter Monitor Worn to assess heart rhythm.	Wear 2-piece outfit. 15 minutes hook up
Ambulatory Blood Pressure Monitor Worn for 24 hours to monitor blood pressure.	Wear belt. 10 minutes (\$50 charge - cash or cheque please)



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