

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

Appointment Date: _____ Time: _____

REASON FOR REFERRAL			
CARDIAC	ENDOCRINE	RESPIROLOGY	VASCULAR
<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 CONSULTATION
CARDIOLOGIST
<input type="checkbox"/> Dr. Samir Basmaji
<input type="checkbox"/> Dr. Jason Burstein
<input type="checkbox"/> Dr. Mark Davis
<input type="checkbox"/> Dr. Sanjay Dhingra
<input type="checkbox"/> Dr. Natalie Ho
<input type="checkbox"/> Dr. Amir Janmohamed
<input type="checkbox"/> Dr. Guerman Kisselman
<input type="checkbox"/> Dr. Bhavanesh Makanjee
<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
RESPIROLOGIST
<input type="checkbox"/> Dr. Sacha Bhinder
ENDOCRINOLOGIST
<input type="checkbox"/> Dr. Sabreena Sadat
URGENCY
<input type="checkbox"/> Urgent < 24 Hours
<input type="checkbox"/> Semi-Urgent < 1 week
<input type="checkbox"/> Elective

CARDIAC TESTING

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

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)

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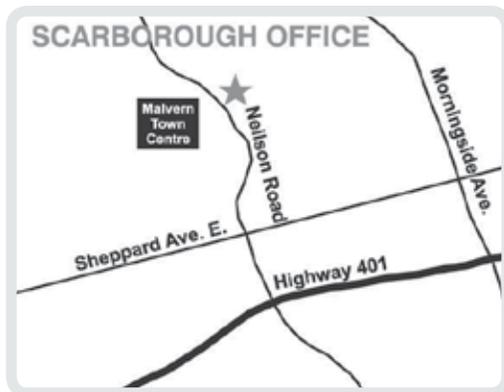
CARDIAC TEST PREPARATIONS



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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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