



CARDIAC DIAGNOSTICS. SPECIALIST. REFERRAL

APPOINTMENT DATE: _____ TIME: _____ HC#: _____
Patient's Name: _____ DOB: _____
Phone: (Home) _____ Phone: (Work) _____ Email: _____
REFERRING PHYSICIAN: _____ SIGNATURE: (Required) _____
TEST PRIORITY: URGENT NEXT AVAILABLE OTHER _____
RESULTS call: _____ or fax to: _____ SAME DAY FAX REPORT REQUIRED

CARDIAC TESTING REFERRAL

- APBM*-24 Hour Ambulatory Blood Pressure Monitor STRESS TEST**
*Not covered by OHIP \$60.00 Patient Weight _____
- ELECTROCARDIOGRAM STRESS ECHO**
- SPIROMETRY - with flow/volume loop 2D ECHOCARDIOGRAM w/CFD
 - post bronchodilator
 - post exercise (for exercise induced asthma)
- STRESS ECHO** If stress is abnormal
- CARDIAC HOLTER MONITOR ABI (Ankle Brachial Index Vascular Assessment)
 - 24 hour
 - 48 hour
- LOOP EVENT MONITOR

***It is recommended to discontinue beta blockers (48 hours) and ED medications (72 hours) prior to the test. Stress echo recommended as first line assessment in patients at higher risk for CAD. Please advise your patient.*

SPECIALIST REFERRAL

- Dr. Joseph Berlingieri, MD FRCPC
Internal Medicine, Critical Care Medicine
 - Dr. William Nisker, MD FRCPC
Internal Medicine, Geriatric Medicine
 - Dr. Mary Messieh, MD FRCPC
Internal Medicine, Allergy and Immunology
 - Dr. Michael Cyr, MD FRCPC
Internal Medicine, Allergy and Immunology
 - Specialist PRE OP CLINIC
For patients requiring pre operative examinations including Internal Medicine Consultations and Cardiac Diagnostics
- Date of Surgery _____

SPECIALIST REFERRAL

- ASTHMA CLINIC
For patients diagnosed with Asthma
Aimed at patient education and gaining better control over Asthma.
- HEARING CLINIC
For patients who require hearing assessment
- MEMORY HEALTH CLINIC
For patients experiencing symptoms of either Alzheimer's disease or other conditions associated with memory loss
- BONE HEALTH CLINIC
For patients with osteoporosis and related problems
- VASCULAR & DIABETIC HEALTH CLINIC
Aimed at reducing patient risk for heart attack and stroke.
Designed to improve diabetic care and disease management through patient education for type I and II diabetes.
- POUNDS FOR HEALTH CLINIC
Weight management clinic. OHIP funded.
- SMOKING CESSATION CLINIC

Reason for Referral/Test (REQUIRED)

Risk factor assessment: Advise only Advise and Rx
Previous Dx: _____ Current Complaint: _____ Other: _____
Clinical Trials screening and participation YES NO