

CARDIAC DIAGNOSTICS - SPECIALIST REFERRAL

Patient Name: _____ Date of Birth: _____ Phone: _____
MM / DD / YYYY
Patient Address: _____ Email: _____
Referring Physician: _____ Signature: _____
Results Call: _____ or Fax: _____ (when possible same day)
Current Complaint / Patient History: _____

Reason For Referral:

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

Cardiac Testing

- | | | |
|--|---|---|
| <input type="checkbox"/> Stress Test | <input type="checkbox"/> Electrocardiogram | <input type="checkbox"/> Dobutamine Stress Echo
<small>Definity Contrast is recommended for technically difficult / obese patients</small> |
| <input type="checkbox"/> ABI (Ankle Brachial Index) | <input type="checkbox"/> Loop Event Monitor | <input type="checkbox"/> Stress Echo
<input type="checkbox"/> with Definity Contrast |
| <input type="checkbox"/> ABPM (24hr Ambulatory BP Monitor)
<small>(Not covered by OHIP - \$60 charge)</small> | <input type="checkbox"/> Echocardiogram
<input type="checkbox"/> with Definity Contrast
<input type="checkbox"/> with Saline Bubble Study | |
| <input type="checkbox"/> Spirometry - with flow/volume loop
<input type="checkbox"/> post bronchodilator
<input type="checkbox"/> post - exercise | | |
| <input type="checkbox"/> Cardiac Holter Monitor | | |
| <input type="checkbox"/> 24hr <input type="checkbox"/> 48hr <input type="checkbox"/> 72hr <input type="checkbox"/> 7 days <input type="checkbox"/> 14 days | | |

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

Specialist / Clinic Referral

- | | |
|---|--|
| <input type="checkbox"/> Dr. Joseph Berlingieri, MD FRCPC
<small>*Internal Medicine, Critical Care Medicine</small> | <input type="checkbox"/> Dr. William Nisker, MD FRCPC
<small>*Internal Medicine, Geriatric Medicine</small> |
| <input type="checkbox"/> Dr. Mary Messieh, MD FRCPC
<small>*Internal Medicine, Allergy & Immunology</small> | <input type="checkbox"/> Dr. Michael Cyr, MD FRCPC
<small>*Internal Medicine, Allergy & Immunology</small> |
| <input type="checkbox"/> Dr. Hisham Dokainish, MD FRCPC FACC FASE
<small>*Cardiology</small> | |

- | | |
|---|--|
| <input type="checkbox"/> Anticoagulation Clinic
<small>*For patients requiring anticoagulation treatment Pre-Operative anticoagulant bridging</small> | <input type="checkbox"/> Bone Health Clinic
<small>*Osteoporosis & degenerative bone disease</small> |
| <input type="checkbox"/> Memory Clinic
<small>*For patient with symptoms of Alzheimer disease memory loss</small> | <input type="checkbox"/> Pounds for Health Clinic
<small>*Weight loss management (OHIP funded)</small> |
| <input type="checkbox"/> Vascular & Diabetes Health Clinic
<small>*Reducing risk of heart attack & stroke</small> | <input type="checkbox"/> Asthma/COPD Clinic |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Stroke Prevention Clinic |
| | <input type="checkbox"/> JBN Heart and Vascular Clinic |