



CARDIOLOGY REFERRAL FORM

Date: _____

Referral Priority: Routine Urgent

For Patients

▶ Contrast Echocardiogram

This test takes 45 minutes to 1 hour, and you will have an intravenous inserted into your arm. No special preparation is required.

▶ Exercise Stress Echocardiogram

This test takes 45 minutes to 1 hour. No special preparation is required.

▶ Holter Monitoring

This test takes 15 minutes for Holter hookup. You may be required to wear the monitor anywhere from 24 hours to 14 days.

i Please bring a current list of any medications you are taking.

t Wear loose-fitting, comfortable clothing and running shoes.

bottle Avoid wearing lotions, oils or perfumes on the day of your test.

Patient Information

Last Name: _____ First Name: _____

Date of Birth (DD/MM/YYYY): _____ Health Card Number: _____

Address: _____ Postal Code: _____

Phone: _____ Cell / Mobile: _____

Email: _____ Preferred Language: _____

Gender: Male Female Other Version Code (if any): _____

Alternate Contact Name: _____ Phone: _____

Referring Physician Information

Referring Physician Name: _____

Clinic / Practice Name: _____

Phone: _____ Fax: _____

Email: _____ Billing / Provider #: _____

Address: _____

Signature: _____ Date: _____

Procedure Requested

- Cardiology Consultation _____
- Internal Medicine Consultation ECG (Electrocardiogram)
- Echocardiography Exercise Stress Test (GXT)
- Stress Echocardiogram Holter Monitoring (24 Hours)
- Holter Monitoring (72 Hours)
- Ambulatory Blood Pressure Test (ABPM)

Reason For Referral

- Abnormal ECG Coronary Artery Disease
- Arrhythmia Heart Failure
- Chest Pain Valvular Heart Disease
- Shortness of Breath Pre-Operative Clearance
- Hypertension Follow-Up / Post Hospitalization
- High Risk Factors Palpitations
- Pericardial Effusion Edema
- Dyspnea Fatigue
- Dizziness / Syncope Other (Please Specify): _____
- Other (Please Specify): _____

Risk Factors / Medical History (Check all that apply)

- Age ≥ 65 Years Obesity (BMI ≥ 30) Previous MI / Heart Attack Chronic Lung Disease (COPD)
- Family History of Heart Disease Hypertension Stroke / TIA High Stress
- Diabetes Hyperlipidemia Peripheral Vascular Disease Other (Please Specify): _____
- Smoking History Dyslipidemia Chronic Kidney Disease