HEART AND HEALTH CLINIC
MEDICAL

Specialist & Cardiac Diagnostic Centre
T: 289-760-9550 | **F:** 905-296-3858
E: clinic@heartandhealthclinic.ca
W: www.heartandhealth.ca

CARDIOLOGY & GENERAL INTERNAL MEDICINE REFERRAL FORM

PATIENT INFORMATION (AFFIX LABEL IF AVAILABLE)

First Name

Last Name

Health Card Number

Gender

Patient Email

Patient Telephone

Patient Address

DOB (MM/DD/YY)

REASON FOR REFERRAL

- ☐ Shortness of Breath
- ☐ Chest Pain
- ☐ Hypertension
- ☐ Palpitations
- ☐ Arrythmia
- ☐ Diabetes
- ☐ Dizziness
- ☐ Other:
- ☐ Abnormal ECG
- ☐ Syncope
- ☐ MINS Work Up

RISK FACTORS

- ☐ Age
- ☐ Family History
- ☐ Smoking History
- ☐ Obesity
- ☐ Metabolic Syndrome

SERVICES / DIAGNOSTIC TESTS

- ☐ Echocardiogram
- ☐ Stress Echocardiogram (ESE)
- ☐ Contrast Echocardiogram (Definity)
- ☐ Holter Monitoring - 24 Hours
- ☐ Holter Monitoring - 72 Hours
- ☐ Holter Monitoring - 7 Days
- ☐ Electrocardiogram
- ☐ Exercise Stress Test (GXT)
- ☐ Perioperative Cardiovascular Management

CLINICAL CONSULTATION

- ☐ Cardiology
- ☐ General Internal Medicine
- ☐ Urgent
- ☐ Non-Urgent

PATIENT HISTORY & CLINICAL INFORMATION

MEDICATIONS & ALLERGIES

REFERRING PHYSICIAN INFORMATION

Referring Physician Name

Office Address

Contact Phone

Contact Fax

Billing Number

Copy To

Referring Physician Signature

Our Clinic Locations

☐ **Stoney Creek**
70 King St E, Lower Level
Stoney Creek, ON L8G 1K2

☐ **Dundas**
11 Cross St
Dundas, ON L9H 2R3

☐ **Cambridge**
715 Coronation Blvd, Suite 8
Cambridge, ON N1R 7R1

☐ **Welland**
3 Cross St, Unit 301
Welland, ON L3B 5X6