HEART AND HEALTH CLINIC
MEDICAL

Heart and Health Clinic

Specialist & Cardiac Diagnostic Centre

T: 289-760-9550
F: 905-296-3858
E: clinic@heartandhealth.ca
W: www.heartandhealth.ca

Our Clinic Locations

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

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

RHEUMATOLOGY REFERRAL FORM | DR. IKWINDER KAUR

PATIENT INFORMATION (AFFIX LABEL IF AVAILABLE)

First Name

Last Name

Health Card Number

Gender

Patient Email

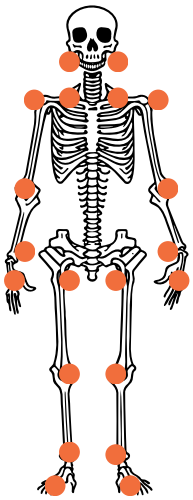
Patient Telephone

Patient Address

DOB (MM/DD/YY)

SYMPTOMS & REASON FOR REFERRAL

Affected Joints & Body Regions:



Symptoms Onset:

- ☐ Less than Six Weeks
- ☐ Six Weeks to Six Months
- ☐ Greater than Six Months

Evidence of Joint Swelling:

- ☐ No
- ☐ Suspected
- ☐ Yes

Symptoms Description:

Reason(s) for Referral:

PREVIOUS INVESTIGATIONS
(ATTACH RELEVANT DETAILS)

- ☐ Previous Specialist Consult
- ☐ X-Rays, CT, MRI, etc.
- ☐ Recent Labwork
- ☐ Other:

CLINICAL CONSULTATION

- ☐ Urgent
- ☐ Semi-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