

CARDIOLOGY REQUISITION FORM

Patient Name: _____

Patient Address: _____

Patient Phone #: _____

Patient Ohip #: _____

DOB: _____ Gender: _____



Health begins with the
Healthy Heart!

Tel: (437) 523-4343

Fax: (855) 461-3431

admin@heartmapdiagnostics.ca

Head Office: 2221 Keele St
Suite 307, North York, ON
M6M 3Z5

CARDIOVASCULAR RISK FACTORS

- Smoking Diabetes High Blood Pressure Family History Stress Metabolic Syndrome
- Dyslipidemia Obesity Ethnicity Sedentary/Lifestyle Sleep Apnea Age (50+)

CONSULTANT ON BOARD

- R.P. Iyer (MD, FRCPC, FRCP, FACP, FCCP)

CLINICAL INFORMATION

REFERRAL REASON

- | | |
|---|--|
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> R/O Valvular Heart Disease |
| <input type="checkbox"/> Dyspnea | <input type="checkbox"/> R/O Cardiomyopathies |
| <input type="checkbox"/> Syncope | <input type="checkbox"/> R/O Coronary Artery Disease (CAD) |
| <input type="checkbox"/> Palpitations | <input type="checkbox"/> Prosthetic Valves Assessment |
| <input type="checkbox"/> Heart Murmurs | <input type="checkbox"/> R/O Pericarditis/Pericardial Effusion |
| <input type="checkbox"/> Abnormal ECG | <input type="checkbox"/> R/O Pulmonary Hypertension |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Chemotherapy Assessment |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Pre/Post-Cardioversion |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Other |
| <input type="checkbox"/> Peripheral Edema | |
| <input type="checkbox"/> Post-CABG | |
| <input type="checkbox"/> TIA/Stroke | |

DIAGNOSTICS SERVICES**

- Urgent Cardiology Consult ECG/EKG Echocardiogram Stress Echo/Consult
- Holter Monitor (72 Hour) 24HR AMBP (NON-OHIP) Exercise Treadmill Test (GXT)

CLINIC INFORMATION

Clinic Name: _____
Clinic Address: _____
Clinic Phone #: _____
Clinic Fax #: _____

REFERRING PHYSICIAN

Name: _____
Signature: _____
Billing #: _____
CPSO #: _____

Note:

- ✓ Kindly ensure that you have your health card and the list of medications with you on your testing day.
- ✓ Do not apply body cream, lotion or oil to your body on the day of Cardiac Testing.
- ✓ To cancel your appointment, kindly provide at least a 48-hour notice.