

## Cardiovascular Referral Form

e-Referral is available via OCEAN e-referral Healthmap

Name (as it appears on Health Card):

Sex:  M  F Date of Birth:

Health Card #:

Version Code:

Address:

Telephone: Home:

Work:

Cell:

E-mail:

### Consultation

- General Cardiology
- Cardio-oncology
- Cardiovascular Focused Internist
- Vascular Risk Clinic

### Consultation Urgency

- Routine:  First available cardiologist, or Dr. \_\_\_\_\_
- Urgent \*\*\* Please indicate clinical reason for urgency in information below.

\*\* please attach previous cardiac investigations/ consultations, and all other relevant reports

### Cardiac Diagnostic Testing

- |   |   |
|---|---|
| <input type="checkbox"/> Exercise Stress Test (Treadmill) | <input type="checkbox"/> * Cardiac Perfusion (performed at MMI) |
| <input type="checkbox"/> Holter Monitor:                  | <input type="checkbox"/> Treadmill                              |
| <input type="checkbox"/> 48/72-Hour                       | <input type="checkbox"/> Pharmacologic (with Persantine)        |
| <input type="checkbox"/> 14-Day                           | <input type="checkbox"/> *Echocardiogram (performed at MMI)     |

\*These tests are performed at



For Cardiac Stress Tests:  Continue Meds  Discontinue Meds (specify):

Clinical Information/ medical history (a short clinical history is essential)

Referring Physician: Dr.

Address:

Fax:

Physician Number:

**Signature:**

\_\_\_\_\_

CC Physician:

Fax:

Additional Care Provider:

Address/ Fax: