MERIVALE CARDIOVASCULAR CONSULTANTS
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Merivale Cardiovascular Consultants
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Dr. N. Ghosh | **Dr. Y. Liu**

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

☐ Men's Health CV Risk Clinic - Dr. M. Mihok

Consultation Urgency

☐ Routine:

☐ Urgent *** Please indicate clinical reason for urgency in information below.

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

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STAMP Criteria/Patient with history of:

☐ 1. Stroke

☐ 2. TIA

☐ 3. AAA or other Aortic disease

☐ 4. MI, Angina or previous coronary Revascularization

☐ 5. PAD

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

Clinical Concern/Problem for Assessment

☐ 1. Hypertension ☐ 4. Smoking Cessation

☐ 2. Diabetes ☐ 5. Obesity

☐ 3. Dyslipidemia ☐ 6. Other ______________________________

Referring Physician: Dr.

Address:

Fax:

Physician Number:

CC Physician:

Fax:

Additional Care Provider:

Address/ Fax:

Signature:

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Updated April 2021