

Patient Name:

Date of Birth:

MM / DD / YY

Phone:

Patient Address:

Health Card:

Referring Physician:

Signature:

(When possible same day)

Results Call:

or Fax:

Current Complaint / Patient History:

**Reason for Referral / Cardiac Testing**

- |  |  |   |                                   |
|--|--|---|-----------------------------------|
| <input type="radio"/> Chest Pain           | <input type="radio"/> Cardiac Assessment | <input type="radio"/> CHF                     | <input type="radio"/> Other _____ |
| <input type="radio"/> Presyncope / Syncope | <input type="radio"/> Dyspnea            | <input type="radio"/> Vascular Disease        | _____                             |
| <input type="radio"/> Hypertension         | <input type="radio"/> Murmur             | <input type="radio"/> Palpitations Arrhythmia | _____                             |
| <input type="radio"/> TIA / Stroke         | <input type="radio"/> CAD                | <input type="radio"/> Risk Stratification     | _____                             |

**Cardiac Testing**

- |  |  |  |
|--|--|--|
| <input type="radio"/> Exercise Stress Test               | <input type="radio"/> Cardiac Holter Monitor   | <input type="radio"/> Dobutamine Stress Echo<br><i>Patients unable to exercise</i> |
| <input type="radio"/> ABI (Ankle Brachial Index)         | <input type="radio"/> Electrocardiogram        | <input type="radio"/> Exercise Stress Echo   |
| <input type="radio"/> ABPM (24hr Ambulatory BP Monitor)  | <input type="radio"/> Echocardiogram           | <input type="radio"/> with Contrast  |
| <input type="radio"/> Spirometry – with Flow/Volume Loop | <input type="radio"/> with Contrast            |  |
| <input type="radio"/> Post Bronchodilator                | <input type="radio"/> with Saline Bubble Study |  |
| <input type="radio"/> Post-exercise                      |  |  |

**Specialist / Clinic Referral**
 Dr. Hisham Dokainish, MD FRCPC FACC FASE  
*\*Cardiology, Adult*

- |  |  |  |
|--|--|--|
| <input type="radio"/> Cardiac and Vascular Clinic  | <input type="radio"/> Diabetes & Vascular Health Clinic  | <input type="radio"/> Stroke Prevention Clinic                   |
| <input type="radio"/> Pounds for Health Clinic<br><i>*Weight loss management (OHIP funded)</i> | <input type="radio"/> Memory Clinic<br><i>*For patient with known or suspected cognitive dysfunction</i> | <input type="radio"/> Bone Health Clinic<br><i>*Osteoporosis</i> |