



Outpatient Cardiology Referral Form

Referral Date _____

Referred By _____

First Available Cardiologist

Requested Cardiologist

Name: _____

PATIENT INFORMATION PLEASE COMPLETE

NAME _____

ADDRESS _____

DATE OF BIRTH _____

HEALTH CARD NUMBER _____

Urgent <2 weeks Elective 2-6 weeks

Reason(s) For Referral: PLEASE COMPLETE

SYMPTOMS

DIAGNOSES AND HISTORY

<input type="checkbox"/> Chest Pain <input type="checkbox"/> Dyspnea <input type="checkbox"/> Palpitations <input type="checkbox"/> Pre-syncope <input type="checkbox"/> Syncope <input type="checkbox"/> Edema <input type="checkbox"/> Dizziness <input type="checkbox"/> Arrhythmias <input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Atrial Fibrillation <input type="checkbox"/> Heart Failure <input type="checkbox"/> Ischemic Heart Disease <input type="checkbox"/> Myocardial Infarction <input type="checkbox"/> COPD <input type="checkbox"/> PVD <input type="checkbox"/> Stroke/TIA	<input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Valvular Heart Disease <input type="checkbox"/> Heart Murmur <input type="checkbox"/> Cardiac Mass or Thrombus <input type="checkbox"/> Pericarditis/Endocarditis/Myocarditis <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes Mellitus <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> Renal Failure	<input type="checkbox"/> CABG/Bypass <input type="checkbox"/> Angioplasty/Stenting <input type="checkbox"/> Valvular Surgery <input type="checkbox"/> Pacemaker or ICD/CRT <input type="checkbox"/> Abnormal Stress Test <input type="checkbox"/> Abnormal Resting ECG <input type="checkbox"/> Other Vascular Disease Risk Factors <input type="checkbox"/> Other _____
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Reason/Clinical Information: ****Please attach all relevant information and abnormal tests with referral****

PLEASE FAX ALL RERFERRALS TO 705 759 3609
cardiacclinic@sah.on.ca

Cardiology Clinic is open Monday-Friday 0800am-1600pm. Referrals will be triaged by a cardiac nurse within 48 hrs of receiving them. Contact 705 759 3434 ext. 7088 for assistance