



# REQUEST FOR EXAMINATION – LINDSAY CARDIOLOGY

MyHealth Centre  
Ross Memorial Hospital, 3<sup>rd</sup> Floor  
10 Angeline Street North, Lindsay, ON K9V 4M8  
Tel: 705-328-6171 | Fax: 705-328-6172  
(Please use yellow area elevator)

## PATIENT INFORMATION (AFFIX LABEL IF AVAILABLE)

Check if Applicable:  URGENT

Patient Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Health Card #: \_\_\_\_\_

Gender: \_\_\_\_\_ Height (cm): \_\_\_\_\_ Weight (kg): \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Clinical Information/Indications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CARDIOLOGY CONSULTATION

### CONSULTATION REQUESTED

- First Available
- Dr. G. Miletskaia (Monday)
- Dr. D. McDonald (Thursday)
- Dr. J. Jones (Friday)
- Dr. N. Patel (variable days)

## REFERRAL CRITERIA

- Chest Discomfort - Rule of CAD (Negative troponin, no ischemic ECG changes)
- Atrial Fibrillation or other Non-life-threatening Arrhythmia
- Hypertensive Urgency (asymptomatic, no end organ damage, BP > 180/120 mmHg)
- Urgent Pre-operative Consultation

Please send: blood work, relevant cardiac investigations (ECGs, echocardiograms, holters, loopers, stress tests) and applicable consultation notes.

## REFERRING PHYSICIAN INFORMATION (STAMP LABEL IF AVAILABLE)

Referring Physician: \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature)

Billing Provider #: \_\_\_\_\_ CPSO #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Date: \_\_\_\_\_

Copy to: \_\_\_\_\_

Report Delivery Preference:  Fax  HRM  Other: \_\_\_\_\_

Please see the back of this form for preparation instructions.  
Download our mobile patient app at MyHealthCentre.ca



## INFORMATION FOR YOUR PATIENTS

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You will be having an urgent consultation arranged with a general internist due to concerns about your health, at the request of your attending physician or nurse practitioner. You will be given an appointment at the Urgent Cardiovascular Clinic within 24-72 hours.

This consultation will include a 30 minute visit with the doctor, with the need for further testing depending on the results of this appointment. Examples of such additional investigations, include exercise treadmill testing. As a result, we advise the following:

- Bring **walking/running shoes**
- Wear comfortable **clothing for exercise**
- Have a **light breakfast**
- **No caffeine consumption** (no coffee, decaffeinated drinks, tea, chocolate)
- **No powder or cream** on skin

Please bring your **OHIP health card** with you and arrive at least **10 minutes prior to your appointment**. To ensure an efficient visit, we ask that patients bring a **list of their medications and doses** with them to the appointment. Inform the technologist of the use of erectile dysfunction medications, if applicable.

If additional testing is required, your visit may last **up to three hours** to complete all of the necessary investigations. Please keep this in mind when planning your needs for transportation and parking.