

PATIENT INFORMATION (AFFIX LABEL IF AVAILABLE)

Check if Applicable: ☐ URGENT

Full Name (Birth): _____

Preferred Full Name (If Different from Birth): _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Cell Phone: _____ Alt. Phone: _____

Date of Birth: _____

Health Card #: _____ Version: _____

Gender: _____ Preferred Gender (If Different from Birth): _____

Height (cm): _____ Weight (kg): _____

Reason for Referral:

CARDIOLOGY CONSULTATION

☐ First Available

☐ Dr. _____

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 HEALTHCARE PROVIDER (STAMP LABEL IF AVAILABLE)

Referring Provider: _____ (Print Name) _____ (Signature)

Billing Provider #: _____ CPSO #: _____

Tel #: _____ Fax #: _____

Date: _____ Copy To: _____

Report Delivery Preference: ☐ Fax ☐ HRM ☐ Other: _____

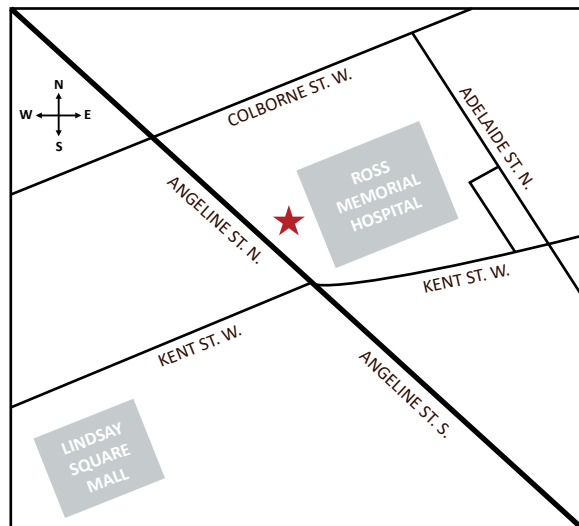
You will be having an urgent consultation arranged with a general internist due to concerns about your health, at the request of your attending physician or nurse practitioner. You will be given an appointment at the Urgent Cardiovascular Clinic within one week.

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.



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SERVICES: Blood Pressure Monitoring, Bone Mineral Density
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Nuclear Cardiology, Nuclear Medicine



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