

PATIENT INFORMATION (AFFIX LABEL IF AVAILABLE)

Check if Applicable: **URGENT**

Full Name (Birth): _____ Preferred Full Name (If Different from Birth): _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Cell Phone: _____ Alternate Phone: _____ Email: _____

Date of Birth: _____ Health Card #: _____ Version: _____

Gender (Birth): _____ Preferred Gender (If Different from Birth): _____ Height (cm): _____ Weight (kg): _____

Drug Allergies: _____

Reason for Referral: _____

SPECIALIST CONSULTATION

CARDIOLOGY & INTERNAL MEDICINE

First Available: Cardiologist Internist

Dr. _____

Consult if Test Result is Positive/Abnormal

Cardiologist Internist

Indication(s) for consultation:

Abnormal Exercise/Rest ECG Rule out CAD (CRF with Symptoms)

Atypical (Variant) Angina/SOBOE Post M.I.

Typical Angina Other: _____

Please include the following CPP (Cumulative Patient Profile) information, if available: List of medications, previous cardiology tests, blood work, family history, social history (occupation, smoking, recreational drug use), symptoms

SLEEP DISORDERS

Consultation & Sleep Study

Consultation Only

Sleep Study Only

Indication(s) for consultation/study:

Chronic Fatigue

Non-restorative Sleep

Excessive Daytime Sleepiness

Restless Legs

Insomnia

Sleep Apnea

Morning Headaches

Snoring

Other: _____

CARDIOLOGY TESTS

12-Lead Electrocardiogram (Rest ECG)

Exercise Stress Test (GXT)

Holter Monitoring with 12-Lead Electrocardiogram (ECG)

24 hrs 48 hrs 72 hrs Other: _____

24hr BP Monitor (Not insured by OHIP)

Bubble Study

Pulmonary Function Testing (PFT)

Pre & Post Spirometry Full Pulmonary Function Test (PFT)

Include Respirology Consult

Stress Echocardiogram

Echocardiogram (Colour Doppler)

Contrast Echocardiogram

Chest pain suspicious of CAD

Syncope

Murmur

Palpitations/Arrhythmias

Hypertension

Congestive Heart Failure

Other: _____

NUCLEAR CARDIOLOGY TESTS

Myocardial Perfusion Imaging

Exercise Persantine Dobutamine

Ventricular Function

Rest MUGA

REFERRING HEALTHCARE PROVIDER (STAMP LABEL IF AVAILABLE)

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

Billing Provider #: _____ CPSCO #: _____

Tel #: _____ Fax #: _____

Date: _____ Copy To: _____

Report Delivery Preference: Fax HRM Other: _____

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- We will send your diagnostic report to your referring HP (healthcare provider), who will follow-up with you. We can send it to additional HPs upon your request.

BRAMPTON CENTRE 31 Centre Street South Brampton, ON L6W 2X7 South of Peel Memorial Centre T: 905-455-3010 F: 1-800-352-2050 E: brampton_centre@welldiagnostics.ca	BRAMPTON CHRYSLER 470 Chrysler Drive, Unit 28 Brampton, ON L6S 0C1 Chrysler Drive Centre (Williams & Chrysler) T: 905-791-3458 F: 905-791-3460 E: brampton_chrysler@welldiagnostics.ca	BRAMPTON (SLEEP DISORDERS) 480 Chrysler Drive, Unit 34 Brampton, ON L6S 0C1 Chrysler Drive Centre (Williams & Chrysler) T: 905-790-8800 F: 905-790-6008 E: brampton_sleep@welldiagnostics.ca
BRANTFORD Brantford Medical Centre 40 Shellington Place, Suite 201 Brantford, ON N3S 0C5 T: 519-805-3560 F: 519-805-3561 E: brantford@welldiagnostics.ca	LINDSAY 10 Angeline Street North, 3 rd Floor Lindsay, ON K9V 4M8 Ross Memorial Hospital at the corner of Angeline and Kent Street West T: 705-328-6171 F: 705-328-6172 E: lindsay@welldiagnostics.ca	LONDON ARVA 21589 Richmond Street Arva, ON N0M 1C0 Richmond Street, north of the London Masonville Mall T: 519-672-0070 F: 519-850-0144 E: london_arva@welldiagnostics.ca
LONDON FANSHAWE 1055 Fanshawe Park Road West, Suite 301 London, ON N6G 5B4 North London Medical Centre on Fanshawe just east of Hyde Park Road T: 519-439-5555 F: 519-266-2206 E: london_fanshawe@welldiagnostics.ca	LONDON WHARNCLIFFE 279 Wharncliffe Road North, Suite 210 London, ON N6H 2C2 Wharncliffe Health Centre, north of Oxford Street T: 519-858-7476 F: 519-266-6739 E: london_wharncliffe_cardiology@welldiagnostics.ca	MILTON 480 Bronte Street South, Suite 218 Milton, ON L9T 9A9 Milton Professional Centre, north of Derry Road T: 905-878-8831 F: 1-800-249-6284 E: milton_cardiology@welldiagnostics.ca
MISSISSAUGA 2300 Eglinton Avenue West, Suite G01 Mississauga, ON L5M 2V8 Credit Valley Professional Building, beside hospital T: 905-828-0653 F: 905-828-0765 E: mississauga_cardiology@welldiagnostics.ca	NEWMARKET 17730 Leslie Street, Suite 106 Newmarket, ON L3Y 3E4 North of Davis Drive in the York Medical Health Centre T: 905-952-3112 F: 289-319-0415 E: newmarket_cardiology@welldiagnostics.ca	NORTH YORK 4949 Bathurst Street, Suite 100 North York, ON M2R 1Y1 Northview Centre at Bathurst and Finch T: 416-223-5460 F: 416-223-8335 E: northyork@welldiagnostics.ca
ORANGEVILLE 229 Broadway, Unit 4 Orangeville, ON L9W 1K4 West of First Street across from Shell gas station T: 519-943-0022 F: 519-943-0045 E: orangeville@welldiagnostics.ca	OSHAWA 300 King Street West, Suite 201 Oshawa, ON L1J 2K1 Oshawa Professional Building west of Park Road T: 905-723-3110 F: 905-723-9045 E: oshawa@welldiagnostics.ca	SARNIA 481 London Road, Suite B-101 Sarnia, ON N7T 4X3 Bluewater Medical Clinic at Norman and London T: 519-336-8110 F: 1-800-507-3880 E: sarnia@welldiagnostics.ca
SAULT STE. MARIE 955 Queen Street East, Suite 50 Sault Ste. Marie, ON P6A 2C3 The Doctor's Building (Queen & Lucy Terrace) T: 705-759-1144 F: 705-759-5978 E: ssm_queen@welldiagnostics.ca	SCARBOROUGH 462 Birchmount Road, Unit 1B Scarborough, ON M1K 1N8 Birchmount Plaza, near Dollarama and Pharmasave T: 416-690-9437 F: 416-690-9441 E: scarborough@welldiagnostics.ca	SIMCOE 216 West Street, Suite 304 Simcoe, ON N3Y 1S8 West Street Health Centre at the corner of Queen and West Street T: 519-428-1243 F: 519-428-2445 E: simcoe@welldiagnostics.ca
SUDBURY LARCH 65 Larch Street, Suite 103 and 402 Sudbury, ON P3E 1B8 Larch Medical Building, just east of Durham Street T: 705-674-5030 F: 705-670-9348 E: sudbury_larch_cardiology@welldiagnostics.ca	TORONTO DAVISVILLE 1849 Yonge Street, Suite 207 & 218 Toronto, ON M4S 1Y2 Medical & Dental Centre south of Davisville T: 416-928-3467 F: 416-928-3502 E: toronto_davisville@welldiagnostics.ca	TORONTO KING 11 King Street West, Suite C-100 Toronto, ON M5H 4C7 Yonge and King in the underground PATH T: 416-864-1814 F: 416-864-1499 E: toronto_king@welldiagnostics.ca
WHITBY 1615 Dundas Street East, Main Floor Whitby, ON L1N 2L1 Whitby Mall at Dundas and Thickson T: 905-430-3277 F: 905-240-7700 E: whitby@welldiagnostics.ca	Visit WELldiagnostics.ca or scan this QR code: 	