



NOBLE MEDICAL AND DIAGNOSTICS

P:905-237-5433 F:905-747-1511

CARDIOLOGY REFERRAL FORM

First name: _____ Last name: _____ DOB: _____ (dd/mm/yy)
Health Card: _____ Version Code: _____ Sex: F / M
Home Phone: _____ Cell Phone: _____ Work Phone: _____

Referring Physician: _____ Signature: _____ Date: _____

REQUESTING

- Cardiology consultation
- 2D Colour/Doppler Echocardiography
- Exercise Stress Echocardiogram (U/S contrast maybe used)
- 2D Echocardiography with global longitudinal strain
- Holter Monitoring 48 hr 72 hr 1 week 2 week
- Exercise Perfusion Scan (pt will be seen first)
- Coronary Angiogram (pt will be seen first)
- Cardiology consultation if abnormal testing
- 24 hour blood pressure monitor (outside of OHIP)
- Dobutamine Stress Echocardiogram (U/S contrast maybe used)
- Exercise Stress Test
- Holter/Loop Hookup at patient's home
- Pharmacologic Perfusion and Function Scan (pt will be seen first)
- Transesophageal Echocardiogram (pt will be seen first)

REASON FOR REFERRAL

- Chest Pain
- Shortness of breath
- Palpitations
- Heart Murmur
- Syncope/ Pre-syncope
- Hypertension
- Known/suspected CAD
- Arrhythmia
- Abnormal EKG
- Heart Failure
- Edema
- Other _____

TIMING

- Elective
- Urgent (within 1 week)
- Within 2 weeks
- Other _____

SUBSPECIALTY (if applicable)

- Electrophysiology/Arrhythmia
- Cardiac Imaging
- Interventional Cardiology
- Structural heart disease

LOCATION/DOCTOR

- Richmond Hill
- Vaughan
- Telemedicine
- Dr _____

History: _____

