Cardiology Clinic Referral Form

Humber River Health Lighting New Ways in Healthcare
1235 Wilson Ave., Toronto ON M3M 0B2 Main Floor - Portal B
Tel: (416) 242-1000 ext. 47146 Fax: (416) 242-1067

Referral Date (dd/mm/yyyy): ____ /____ /_____

Referring Physician: _____

Physician Signature:_____

Copies to: _____

Patient ID/Label

Patient Last Name: _____

Patient First Name: _____

Date of Birth (dd/mm/yyyy): ____ /____ /_____

Gender: ☐ M ☐ F ☐ Other

Tel: (_____) _____ - _____

Request for Cardiology Consult

	Physician	Phone	Fax
☐	Dr. Allan	416-242-1000 ext. 47115	1-888-719-5910
☐	Dr. Bauer	416-245-1150	416-245-1166
☐	Dr. Choudhry	905-595-5505	1-855-716-8821
☐	Dr. Klug	416-849-2313	416-849-2314
☐	Dr. Ng	416-242-1000 ext. 47119	1-888-719-5910
☐	Dr. Szmitko	416-242-1000 ext. 47114	1-888-719-5910
☐	Dr. Tiong	416-242-1000 ext. 47104	1-888-719-5910
☐	Dr. Vozoris	416-242-1000 ext. 47103	1-888-719-5910
☐	Dr. Yao	416-241-1119	416- 241-2623
☐	Dr. Zupnik	416-747-9839	416- 747-7105
☐	Dr. Nadeem	416-242-1000 ext . 47161	416-264-5645
☐	No preference	416-242-1000 ext. 47141	416-242-1067

☐ Elective Consult
☐ Urgent Consult

Reason for Consult:

Please remind patient to bring their medications to their appointment

Cardiology Diagnostic Services:

☐ Transthoracic Echo (TTE)
☐ Dobutamine Stress Echo
☐ Exercise Stress Echo
☐ Contrast Enhanced Echo (Definity)
☐ Saline Contrast Echo (Bubble)
☐ Paediatric Echo

☐ Trans-esophageal Echo (TEE) -
Note: requires Cardiology Consult

☐ ECG
☐ Exercise Treadmill Test
☐ Exercise Nuclear Stress Test ☐ Nuclear Stress - Pharmacologic
☐ Holter Study - specify: ☐ 24-hour ☐ 48-hour ☐ 14-day Cardiostat
☐ Pacemaker/ICD Check - specify: ☐ Single Chamber ☐ Dual Chamber
☐ Device Implant - specify: ☐ Pacemaker ☐ ICD
☐ Ambulatory Blood Pressure Monitor ($70 charge applies)

Reason/Clinical Indication for Echo:

Patient Appointment Times:

Test: _____ Date (dd/mm/yyyy): ____ /____ /_____ Time:_____

Test: _____ Date (dd/mm/yyyy): ____ /____ /_____ Time:_____

Test: _____ Date (dd/mm/yyyy): ____ /____ /_____ Time:_____

☐ The Cardiology Clinic has communicated these dates/times with the patient/family.
☐ The Cardiology Clinic has NOT been able to communicate the dates and times with the patient/family. A letter has been sent to the patient and we request your assistance in communicating the testing dates and times.