



FAX THE COMPLETED FORM TO  
(905) 667-5509  
HEARTWELL CARDIOLOGY WILL CONTACT THE PATIENT  
TO BOOK AN APPOINTMENT

## CARDIOLOGY REQUISITION FORM

**TO BOOK AN APPOINTMENT CALL (905) 667-5504**

### PATIENT INFORMATION

FIRST NAME: \_\_\_\_\_  
LAST NAME: \_\_\_\_\_  
HEALTH CARD NO.: \_\_\_\_\_  
DOB: \_\_\_\_\_ GENDER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
PHARMACY: \_\_\_\_\_

### REFERRING PHYSICIAN

REFERRING MD: \_\_\_\_\_  
MD SIGNATURE: \_\_\_\_\_  
BILLING NO.: \_\_\_\_\_  
FAX NO.: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
REFERRAL DATE: \_\_\_\_\_

### PROCEDURES

- CARDIOLOGY CONSULTATION
- INTERNAL MEDICINE CONSULTATION
- ADULT ECHOCARDIOGRAM
- HOLTER 72 HOURS

- ECG
- TREADMILL STRESS ECHO/CONSULT
- 24 HOURS AMBULATORY BLOOD PRESSURE MONITORING (NOT COVERED BY OHIP)

- IF TEST IS ABNORMAL: PLEASE ARRANGE FOR A CONSULTATION

URGENT

### REASON FOR TEST

- PALPITATION
- CHEST PAIN
- SOB
- ABNORMAL ECG
- DIZZINESS
- HYPERTENSION
- R/O CAD
- OTHER (PLEASE FILL THE BOX: \_\_\_\_\_)

### HISTORY/CLINICAL INFORMATION:

## CARDIOVASCULAR RISK REDUCTION PROGRAM

- AGE
- FAMILY HISTORY
- ETHNICITY
- SMOKING HISTORY
- OBESITY
- DIABETES MELLITUS
- HYPERTENSION
- DYSLIPIDEMIA
- POOR DIET
- SEDENTARY LIFESTYLE
- HIGH STRESS
- METABOLIC SYNDROME

PLEASE BRING WITH YOU THIS REQUISITION FORM, YOUR HEALTH CARD, AND YOUR LIST OF MEDICATIONS.  
550 FENNELL AVE E, UNIT 1, HAMILTON, ON L8V 4S9