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Affiliated with

William Osler Health system

CARDIOVASCULAR ASSESSMENT REFERRAL

PATIENT'S DEMOGRAPHICS (attach label please)	PRIORITY
☐ Full Name (first & last) ☐ DOB (DD/MM/YYYY)	Same day (call our cardiologist) Days Weeks Elective
☐ Gender Female or Male ☐ Phone no. ☐ Health Card no. ☐ Version code APPROPRIATE REASON FOR REFERRAL (MUST SELECT ONE)	SERVICE REQUESTED Cardiology consultation & testing Cardiac testing only Hypertension clinic Arrhythmia clinic Syncope clinic
 □ Chest pain □ Heart Function/ Failure □ Shortness of breath □ Post PCI / CABG □ Palpitations/ Arrhythmia □ History of MI □ Syncope/ Dizziness □ Stroke / TIA □ Murmur/ Valve disease □ Hypertension/ hypertensive heart disease □ Intermediate/ high Framingham risk score for CAD □ Exercise prescription □ Other: 	Brampton Civic hospital based tests (Cardiology consultation required) Transesophageal Echo Nuclear cardiac scan Coronary angiogram Cardiac CT scan Cardiac MRI OTHER CLINICAL INFO
TESTS	REFERRING PHYSICIAN (please PRINT)
 12 Lead ECG Holter Monitor	□ Full name □ Billing no. □ Phone no. □ Fax no. □ Signature □ Date (DD/MM/YYYY)
Ambulatory blood pressure monitor (not covered by OHIP)	ALL ABNORMAL TESTS WILL BE SEEN IN CONSULTATION AUTOMATICALLY