



PREMIUM
 CARDIAC CENTRE
 Hamilton

Premium Cardiac Centre Hamilton

Unit 201- 1130 Barton Street East,
 Hamilton, Ontario L8H 7P9
 Phone: 289-389-5777 | Fax: 289-389-1688
 Email: info@premiumcardiac.ca
 www.premiumcardiac.ca

CARDIOVASCULAR ASSESSMENT REFERRAL

PATIENT'S DEMOGRAPHICS (attach label)

Full Name (first & last)

DOB (DD/MM/YYYY)

Gender Female or Male

Phone no.

Health Card no.

APPROPRIATE REFERRAL INDICATION (MUST SELECT ONE)

- Chest pain
- Syncope/ Dizziness
- Stroke / TIA
- Shortness of breath / Heart Failure
- CAD / Post PCI / Post CABG
- Hypertension/ Hypertensive heart disease
- Claudication / Peripheral vascular disease
- Intermediate/ High Framingham risk score
- High risk family history for heart disease
- Exercise prescription
- Pre-Operative Cardiac risk assessment
- Palpitations/ Arrhythmia
- Abnormal ECG
- Murmur/ Valve disease

OTHER INDICATION / CLINICAL INFO

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IMPORTANT INFO

ALL ABNORMAL TESTS WILL BE SEEN IN CONSULTATION AUTOMATICALLY

PLEASE ATTACH PRIOR CARDIAC REPORTS & BLOOD TESTS RELEVANT TO THIS REFERRAL

PRIORITY

- Urgent (<1 wk) Semi Urgent (1-2 wks)
 - Elective (>2 wks)
- Note:** contact our cardiologist if earlier appointment required.

CLINIC TESTING

- 12 Lead ECG
- Holter Monitor
 - 48h 72h 1-2 wks
- Echocardiogram
 - Contrast
 - Bubble Study (shunt detection)
- Exercise Stress Test (treadmill)
- Exercise Stress Echocardiogram
- Ambulatory Blood Pressure Monitor (not covered by OHIP)

AFFILIATED HOSPITAL TESTING

- Transesophageal Echo
- Nuclear Cardiac Scan (MIBI)
- Coronary angiogram
- Cardiac MRI
- Coronary CT Angiography
- Coronary Calcium Score

REFERRING MD (PRINT CLEARLY)

Full name

Billing no.

Phone no.

Fax no.

Signature

Date (DD/MM/YYYY)

ALL PATIENTS WILL BE SEEN IN CARDIOLOGY CONSULTATION, TICK ADJACENT BOX IF ONLY DIAGNOSTIC TESTING REQUIRED.