

Premium Cardiac Centre Hamilton

Unit 201- 1130 Barton Street East, Hamilton, Ontario L8H 7P9

T: 289-389-5777 | F: 289-389-1688

Email: info@premiumcardiac.ca

www.premiumcardiac.ca



CARDIOVASCULAR ASSESSMENT REFERRAL

Dr. Esam Elbarasi

Dr. Asem Suliman

First available

PATIENT'S DETAILS (attach label)

Full Name (first & last):

DOB (DD/MM/YYYY):

Gender: Female or Male

Health Card:

Address:

Phone:

E-mail:

APPROPRIATE INDICATION:

- | | |
|--|--------------------|
| Chest pain | Palpitations |
| Dyspnea / Heart Failure | Syncope /Dizziness |
| Murmur / Valve disease | Abnormal ECG |
| CAD PCI CABG | Stroke / TIA |
| Cardiac risk factors (Smoking, HTN, DM, dyslipidemia or Obesity) | |
| Family history of premature CAD | |
| Family history of sudden cardiac death | |
| Hypertension management | |
| Claudication / Peripheral vascular disease screening | |
| Preoperative cardiac assessment. | |
| Other clinical info: | |

IMPORTANT INFO:

All patients will be seen in consultation unless otherwise specified.
All abnormal test results will be automatically reviewed in consultation.
Please include a complete list of current medications and all relevant reports.

PRIORITY:

- Same / Next day (call our MD)
Urgent (1-3 days) Semi Urgent (1-2 weeks)
Elective (3-4 weeks)

DIAGNOSTIC TESTS - Clinic:

- 12-Lead ECG
Holter Monitor 48h 72h 1-2 wk
Contrast 2D Echocardiogram
Bubble Study Echocardiogram (TIA / PFO)
Exercise Stress Echocardiogram (treadmill)
Ambulatory Blood Pressure Monitor
(not covered by OHIP)
Ankle-brachial index (ABI)
Spirometry

DIAGNOSTIC TESTS – AFFILIATED HOSPITALS & IHFS*

- Transesophageal Echocardiogram (TEE)
Nuclear scan (MIBI)
Cardiac MRI
Cardiac CTA / Calcium score
**Cardiology consultation required*

REFERRING PHYSICIAN INFORMATION:

- Full name:
Billing number:
Cell Phone:
E-mail:
Signature:
Date:

Affiliations: Joseph Brant Hospital | William Osler Health System

www.premiumcardiac.ca

Brampton

Oakville

Hamilton

Burlington