Premium Cardiac Centre Burlington

Unit 107 - 4645 Palladium Way, Burlington, ON, L7M 0W9

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CARDIOVASCULAR ASSESSMENT REFERRAL

PATIENT'S DETAILS (attach label) Full Name (first & last): DOB (DD/MM/YYYY):	PRIORITY: Same / Next day (call our MD) Urgent (1-3 days) Semi Urgent (1-2 weeks) Elective (3-4 weeks)
	Urgent (1-3 days) Semi Urgent (1-2 weeks)
Gender: Female or Male	
Health Card:	DIAGNOSTIC TESTS - Clinic:
Address: Phone: E-mail:	12-Lead ECG Holter Monitor 48h 72h 1-2 wk Contrast 2D Echocardiogram Bubble Study Echocardiogram (TIA / PFO)
APPROPRIATE INDICATION: Chest pain Palpitations Dyspnea / Heart Failure Syncope /Dizziness Murmur / Valve disease Abnormal ECG CAD PCI CABG Stroke / TIA	Exercise Stress Echocardiogram (treadmill) Ambulatory Blood Pressure Monitor (not covered by OHIP) Ankle-brachial index (ABI) Spirometry
Cardiac risk factors (Smoking, HTN, DM, dyslipidemia or Obesity)	DIAGNOSTIC TESTS – AFFILIATED HOSPITALS & IHFS*
Family history of premature CAD Family history of sudden cardiac death Hypertension management Claudication / Peripheral vascular disease screening Preoperative cardiac assessment.	Transesophageal Echocardiogram (TEE) Nuclear scan (MIBI) Cardiac MRI Cardiac CTA / Calcium score *Cardiology consultation required
Other clinical info:	REFERRING PHYSICIAN INFORMATION: Full name: Billing number:
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 Affiliations: Joseph Brant Hospital William Osler Health Sy	Date:

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