Health Plus
MULTISPECIALTY MEDICAL CLINIC
640 Eglinton Ave West. Mississauga, ON L5R3V2
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Appointment Date: __________ Time: _________

CARDIAC DIAGNOSTIC SERVICES

PATIENT'S NAME (LAST NAME / FIRST NAME)		
PATIENT'S ADDRESS		
HEALTH CARD NO VERSION CODE		GENDER (PLEASE CIRCLE) MALE FEMALE
DATE OF BIRTH	DAYTIME PHONE	EVENING PHONE

CARDIAC DIAGNOSTIC SERVICES

- ☐ CARDIOLOGY CONSULTATION REQUIRED
- ☐ ECHOCARDIOGRAPHY & COLOR DOPPLER STUDY
- ☐ EXERCISE STRESS / ECHOCARDIOGRAPHY TEST
- ☐ HOLTER MONITOR ☐ 48 HOURS ☐ 24 HOURS
- ☐ CONTINUOUS ECG LOOP RECORDER (2 WEEKS)

REASON FOR REFERRAL

- ☐ CHEST PAIN
- ☐ HYPERTENSION
- ☐ HEART MURMUR
- ☐ PALPITATIONS
- ☐ DIZZINESS
- ☐ PRESYNCOPE / SYNCOPE
- ☐ ARRHYTHMIA SCREENING
- ☐ R/O MITRAL VALVA PROLAPSE
- ☐ PRE-OP CARDIAC EVALUATION
- ☐ DIABETES MELLITUS
- ☐ HISTORY OF TIA
- ☐ LV SYSTOLIC FUNCTION
- ☐ CORONARY ARTERY DISEASE
- ☐ POST M.I.
- ☐ CARDIOMYOPATHY
- ☐ PERICARDIAL DISEASES
- ☐ RISK OF ENDOCARDITIS
- ☐ CONGESTIVE HEART FAILURE
- ☐ VALVULAR HEART DISEASE
- ☐ CONGENITAL HEART DISEASE
- ☐ POST CARDIAC SURGERY
- ☐ OTHER

CLINICAL INFORMATION:

PHYSICIAN SIGNATURE: DATE:

REFERRING PHYSICIAN: BILLING NO: