

Patient Name	
Address	
D.O.B. (YYYY/MM/DD)	Gender <input type="checkbox"/> F <input type="checkbox"/> M
Health Card Number	Version code
Home #	Work #

Clinical Info
Clinical Evaluation

- Cardiology Consult
 Pre-Op Evaluation Clinic
 Hypertension & Cardiac Risk Reduction Clinic

Tests Required

- | | | | |
|--|---|---------------------------------|--------------------------------|
| <input type="checkbox"/> Echocardiogram | Holter Monitor (Indicate one) | | |
| <input type="checkbox"/> Stress Echocardiogram | <input type="checkbox"/> 24 HR | <input type="checkbox"/> 48 HR | <input type="checkbox"/> 72 HR |
| <input type="checkbox"/> Treadmill Stress Test | <input type="checkbox"/> 7 DAY | <input type="checkbox"/> 14 DAY | <input type="checkbox"/> 96 HR |
| <input type="checkbox"/> 12 Lead ECG | Loop Event Recorder (Indicate one) | | |
| <input type="checkbox"/> 24 HR Ambulatory BP Monitor
<i>(not covered by OHIP)</i> | <input type="checkbox"/> 14 DAY | <input type="checkbox"/> 28 DAY | |

Cardiologist
 First Available

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Dr. Eugene Crystal
<i>MD, FRCPC</i> | <input type="checkbox"/> Dr. James Dubbin
<i>MD, FRCPC</i> | <input type="checkbox"/> Dr. Mina Madan
<i>MD, FRCPC</i> | <input type="checkbox"/> Dr. Fuad Moussa
<i>MD, FRCSC, Cardiac Surgery</i> |
| <input type="checkbox"/> Dr. Ilan Lashevsky
<i>MD, FRCPC</i> | <input type="checkbox"/> Dr. Idan Roifman
<i>MD, FRCPC</i> | <input type="checkbox"/> Dr. Tasnim Vira
<i>MD, FRCPC</i> | <input type="checkbox"/> Dr. Sheldon Tobe
<i>MD, FRCPC, Hypertension</i> |
| <input type="checkbox"/> Dr. Behzad Etemadi
<i>MD, FRCPC</i> | <input type="checkbox"/> Dr. Alex Crystal
<i>MD, FRCPC</i> | <input type="checkbox"/> Dr. Cam Joyner
<i>MD, FRCPC</i> | <input type="checkbox"/> Dr. Syed Obaid Amin
<i>MD, FRCPC, Hypertension</i> |

Referring Physician

Name	OHIP billing #
Phone #	Fax#
Signature	