

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

**Clinical Info**
**Clinical Evaluation**

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

**Tests Required**

- |  |   |                                 |                                |
|--|---|---------------------------------|--------------------------------|
| <input type="checkbox"/> Echocardiogram  | <b>Holter Monitor (Indicate one)</b>      |                                 |                                |
| <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   | <b>Loop Event Recorder (Indicate one)</b> |                                 |                                |
| <input type="checkbox"/> 24 HR Ambulatory BP Monitor<br><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<br><i>MD, FRCPC</i> | <input type="checkbox"/> Dr. James Dubbin<br><i>MD, FRCPC</i> | <input type="checkbox"/> Dr. Mina Madan<br><i>MD, FRCPC</i>  | <input type="checkbox"/> Dr. Fuad Moussa<br><i>MD, FRCSC, Cardiac Surgery</i>  |
| <input type="checkbox"/> Dr. Ilan Lashevsky<br><i>MD, FRCPC</i> | <input type="checkbox"/> Dr. Idan Roifman<br><i>MD, FRCPC</i> | <input type="checkbox"/> Dr. Tasnim Vira<br><i>MD, FRCPC</i> | <input type="checkbox"/> Dr. Sheldon Tobe<br><i>MD, FRCPC, Hypertension</i>    |
| <input type="checkbox"/> Dr. Behzad Etemadi<br><i>MD, FRCPC</i> | <input type="checkbox"/> Dr. Alex Crystal<br><i>MD, FRCPC</i> | <input type="checkbox"/> Dr. Cam Joyner<br><i>MD, FRCPC</i>  | <input type="checkbox"/> Dr. Syed Obaid Amin<br><i>MD, FRCPC, Hypertension</i> |

**Referring Physician**

<b>Name</b>	<b>OHIP billing #</b>
<b>Phone #</b>	<b>Fax#</b>
<b>Signature</b>	