

Patient Name		
Address		
D.O.B. (YYYY/MM/DD)		Gender M F
Health Card Number		Version code
Home #	Work #	Cell #

Clinical Evaluation

- Consultation Consult, if abnormal
 Neuro-Vascular, Stroke, TIA Clinic
 Hypertension & Diabetes
 Internal Medicine & Geriatrics

Clinical Info

Tests Required

- | | | | | |
|--|-------------------------------------|---|--------------------------------|---------------------------------|
| <input type="checkbox"/> Echocardiogram | <input type="checkbox"/> w/contrast | Holter Monitor (Indicate one) | | |
| <input type="checkbox"/> Stress Echo | <input type="checkbox"/> w/contrast | <input type="checkbox"/> 24 HR | <input type="checkbox"/> 72 HR | <input type="checkbox"/> 7 DAY |
| <input type="checkbox"/> Treadmill Stress Test | | <input type="checkbox"/> 48 HR | <input type="checkbox"/> 96 HR | <input type="checkbox"/> 14 DAY |
| <input type="checkbox"/> 12 Lead ECG | | | | |
| <input type="checkbox"/> 24 HR ABP Monitor (not covered by OHIP) | | <input type="checkbox"/> 14 Loop event recorder (not covered by OHIP) | | |

Cardiologist
 First Available

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Dr. Eugene Crystal
<i>MD, FRCPC</i> | <input type="checkbox"/> Dr. Natasha Aleksova
<i>MD, FRCPC</i> | <input type="checkbox"/> Dr. Mina Madan
<i>MD, FRCPC</i> | <input type="checkbox"/> Dr. Chris Lewis
<i>MD, Internal Med. & Geriatrics</i> |
| <input type="checkbox"/> Dr. Ilan Lashevsky
<i>MD, FRCPC</i> | <input type="checkbox"/> Dr. Ashish Patel
<i>MD, FRCPC</i> | <input type="checkbox"/> Dr. Tasnim Vira
<i>MD, FRCPC</i> | <input type="checkbox"/> Dr. Houman Khosravani
<i>MD, Stroke & TIA</i> |
| <input type="checkbox"/> Dr. Alex Crystal
<i>MD, FRCPC</i> | <input type="checkbox"/> Dr. Douglas Wan
<i>MD, FRCPC</i> | <input type="checkbox"/> Dr. Cam Joyner
<i>MD, FRCPC</i> | <input type="checkbox"/> Dr. Harvey Bhella
<i>MD, Hypertension</i> |

Referring Physician Name:

OHIP billing #	Phone #	Fax#
Signature		