

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) | | |

EP & General Cardiology

- FIRST AVAILABLE**
 Dr. Alex Crystal
MD, FRCPC
 Dr. Eugene Crystal
MD, FRCPC
 Dr. Ilan Lashevsky
MD, FRCPC
 Dr. Douglas Wan
MD, FRCPC

- Dr. Ashish Patel
MD, FRCPC
 Dr. Mina Madan
MD, FRCPC
 Dr. Tasnim Vira
MD, FRCPC

Internal Medicine

- Dr. Chris Lewis
MD, Internal Med. & Geriatrics
 Dr. Houman Khosravani
MD, Stroke & TIA
 Dr. Romana Dragojevic
MD, Internal Med. & Hypertension

Referring Physician Name:		
OHIP billing #	Phone #	Fax#
Signature		