

<b>Patient Name</b>		
<b>Address</b>		
<b>D.O.B. (YYYY/MM/DD)</b>		<b>Gender</b> <b>M</b> <b>F</b>
<b>Health Card Number</b>	<b>VC</b>	<b>Email</b>
<b>Home #</b>	<b>Work #</b>	<b>Cell #</b>

**Clinical Evaluation**

- Consultation       Consult, if abnormal  
 Stroke & TIA Clinic  
 Hypertension & Diabetes  
 Geriatrics & Polypharmacy  
 Registered Dietitian

**Clinical Info**


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**Tests Required**

- |  |                                   |                                       |   |
|--|-----------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Echocardiogram              | <input type="checkbox"/> Contrast | <input type="checkbox"/> Bubble study | <b>Holter Monitor (indicate duration)</b>   |
| <input type="checkbox"/> Stress Echo                 | <input type="checkbox"/> Contrast | <input type="checkbox"/> Bubble study | <input type="checkbox"/> 24 HR <input type="checkbox"/> 72 HR <input type="checkbox"/> 7 DAY  |
| <input type="checkbox"/> Treadmill Stress Test (GXT) |                                   |                                       | <input type="checkbox"/> 48 HR <input type="checkbox"/> 96 HR <input type="checkbox"/> 14 DAY |
| <input type="checkbox"/> 12 Lead ECG                 |                                   |                                       | <input type="checkbox"/> <b>24 HR Ambulatory Blood Pressure Monitor</b> (not covered by OHIP) |

**EP & General Cardiology**

- FIRST AVAILABLE**
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Dr. Eugene Crystal<br><i>MD, FRCPC</i> | <input type="checkbox"/> Dr. Alex Crystal<br><i>MD, FRCPC</i> | <input type="checkbox"/> Dr. Mina Madan<br><i>MD, FRCPC</i>  |
| <input type="checkbox"/> Dr. Ilan Lashevsky<br><i>MD, FRCPC</i> | <input type="checkbox"/> Dr. Ashish Patel<br><i>MD, FRCPC</i> | <input type="checkbox"/> Dr. Tasnim Vira<br><i>MD, FRCPC</i> |

**General Internal Medicine**

- Dr. Chris Lewis  
*MD, GIM (Geriatrics & Polypharmacy)*
- Dr. Houman Khosravani  
*MD, GIM*
- Dr. Romana Dragojevic  
*MD, GIM (Hypertension & Diabetes)*

**Referring Physician Name:**

OHIP billing #

Phone #

Fax#

Signature