



430 The Boardwalk, Suite 206
 Waterloo, Ontario, N2T 0C1
 Phone: 519-741-5252
 Fax: 519-741-5772
www.kwcps.com

PATIENT INFORMATION:

Last Name: _____ First Name: _____
 DOB:(mm/dd/yyyy) _____
 Health Card Number: _____ VC: _____
 Address: _____
 Street _____
 City _____ Province _____ Postal Code _____
 Phone: _____
 Email: _____
 Gender: Female Male _____
 Height: _____ Weight: _____

REFERRING PHYSICIAN:

Name: _____
 Address: _____
 Street _____
 City _____ Province _____ Postal Code _____
 Phone: _____
 Fax: _____
 Additional copies: _____
 Has the patient previously been seen by a Cardiologist?
No Yes if yes Specify: Dr. _____

Specific physician requested? _____ or First available
 Level of Urgency: Days Weeks Elective If high risk findings are detected; adhoc consultation requested No Yes
 (urgent consults will be directed to the next available cardiologist)
 Is this a pre-operative assessment? No Yes Date of Surgery (if known): _____

CONSULTATION	<input type="checkbox"/> Consultation with Cardiologist (All requests will be triaged and reviewed before an appointment is provided. Please include relevant history, blood work and cardiac testing with request.)
ECHOCARDIOGRAPHY	<input type="checkbox"/> Echocardiogram <input type="checkbox"/> Agitated Saline (Bubble Study) <input type="checkbox"/> Contrast
MONITORING	<input type="checkbox"/> 12 Lead ECG (all holter and loop tests are preceded by an ECG) Time frame for monitoring: <input type="checkbox"/> 24 hr <input type="checkbox"/> 48 hr <input type="checkbox"/> 72 hr <input type="checkbox"/> 7 day <input type="checkbox"/> 14 day <input type="checkbox"/> 28 Day Monitoring type: <input type="checkbox"/> Loop Recorder <input type="checkbox"/> Holter <input type="checkbox"/> Determined by CPS staff as per indication Ambulatory Blood Pressure Monitor: <input type="checkbox"/> 24 hr (\$60 fee; cash or cheque only ; not covered by OHIP)
STRESS TESTING	Select appropriate stress test type: <input type="checkbox"/> Treadmill Stress Test (Patient has no physical, cognitive or other impediment to exercise) <input type="checkbox"/> Exercise Stress Echocardiogram (abnormal ECG, LVH, prior CABG, Digoxin use) <input type="checkbox"/> Dobutamine Stress Echocardiogram (pharmacological stress test – patient is unable to exercise) Please indicate: <input type="checkbox"/> stress test only <input type="checkbox"/> stress test with Consult <input type="checkbox"/> stress test +/- Consult (consult will be added if reading cardiologist deems appropriate)
PULMONARY FUNCTION	<input type="checkbox"/> Full Pulmonary Function Test (Spirometry, Lung volumes, flow volume loop with DLCO) <input type="checkbox"/> With Bronchodilator <input type="checkbox"/> Without Bronchodilator <input type="checkbox"/> Flow – Volume Loop only (Spirometry) <input type="checkbox"/> With Bronchodilator <input type="checkbox"/> Without Bronchodilator <input type="checkbox"/> Arterial Blood Gases On Room Air <input type="checkbox"/> On Oxygen

INDICATION: Check all that apply (Requisitions with insufficient indication/clinical information will be returned.)
 Chest pain Dyspnea Palpitations Syncope Murmur Hypertension
 Patient has a Pacemaker/Defibrillator Yes No

CLINICAL INFORMATION:

Physician's Signature: _____ Billing # _____ Date: _____

Scheduled Appointment(s): _____ Patient Notified