Canada Medical Group
Quality Health Care Close to Home

CARDIOLOGY REQUISITION FORM

FAX COMPLETED FORM TO 1.877.718.0283

www.canmedgroup.ca | Tel: 1.877.718.2196 | Head Off: 416.264.4795

PATIENT INFORMATION

FIRST NAME: _____
LAST NAME: _____
OHIP NO: _____
D.O.B: _____
CITY: _____
TEL NO: _____

REFERRING PHYSICIAN

REFERRING MD: _____
MD SIGNATURE: _____
BILLING NO: _____
FAX NO: _____
ADDRESS: _____

CARDIOLOGY PROCEDURES

☐ ADULT ECHO ☐ ECG ☐ 48 H HOLTER ☐ 72 H HOLTER
☐ CARDIOLOGY CONSULTATION ☐ IF TEST IS ABNORMAL, please arrange for a consultation

HISTORY / CLINICAL INFORMATION: _____

_____
_____
_____

REASON FOR TEST / CONSULTATION OR SELECT FROM BELOW: _____

SYMPTOMS
- ☐ CHF
- ☐ Palpitations
- ☐ Atypical Chest Pain
- ☐ Angina
- ☐ SOB
- ☐ Systolic Murmur
- ☐ Abnormal ECG
- ☐ Fever nyd
- Specify_____

VENTRICULAR ASSESSMENT
- ☐ LV diastolic function
- ☐ RV/LV Systolic Function
- ☐ Hypertension/High BP
- ☐ Previous MI
- ☐ Previous PCI/CABG
- ☐ MI Complications
- ☐ Pulmonary Hypertension
- ☐ COPD

CARDIOMYOPATHY
- ☐ Hypertrophic
- ☐ Ischemic
- ☐ Dilated
- ☐ Idiopathic

SOURCE OF EMBOLUS
- ☐ TIA/Stroke
- ☐ Atrial Fibrillation / Flutter

Pericardial Effusion R/O ☐ F/U ☐

VALVES R/O ☐ **F/U** ☐ **ENDOCARDITIS R/O** ☐ **F/U** ☐

AORTIC	MITRAL	TRICUSPID	PULMONIC
☐ Stenosis	☐ Stenosis	☐ Stenosis	☐ Stenosis
☐ Regurgitation	☐ Prolapse	☐ Regurgitation	☐ Regurgitation
☐ Bicuspid Aortic Valve	☐ Regurgitation		