



CARDIOLOGY REQUISITION FORM

**FAX COMPLETED FORM TO
1.877.718.0283**

Canada Medical Group
Quality Health Care Close To Home

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 72 H HOLTER 48 H HOLTER LOOP RECORDER ECG
- STRESS TEST STRESS ECHO AMBULATORY BLOOD PRESSURE (not covered by OHIP)
- CARDIOLOGY CONSULTATION IF TEST IS ABNORMAL, please arrange for a consultation
- INTERNAL MEDICINE 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