Cardio Health

FAX COMPLETED FORM TO
877.718.0283
CARDIO HEALTH WILL CONTACT THE PATIENT TO SCHEDULE AN APPOINTMENT

CARDIOLOGY REQUISTION FORM

CARDIOHEALTH.CA | TO BOOK AN APPOINTMENT CALL: 1 877 718 2196 | 905 882 4848

PATIENT INFORMATION

FIRST NAME _____
LAST NAME _____
HEALTH CARD NO _____
D.O.B _____
ADDRESS _____
TELL NO _____

REFERRING PHYSICIAN

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

PROCEDURES :

☐ URGENT

- ☐ CARDIOLOGY CONSULTATION
- ☐ INTERNAL MEDICINE CONSULTATION
- ☐ ADULT ECHOCARDIOGRAM
- ☐ HOLTER 72 HOURS
- ☐ ECG
- ☐ TREADMILL STRESS ECHO/CONSULT
- ☐ CARDIAC REHAB
- ☐ 24 HRS AMBULATORY BLOOD PRESSURE MONITORING
  (NOT COVERED BY OHIP)
- ☐ NUCLEAR CARDIOLOGY
- ☐ IF TEST IS ABNORMAL
  PLEASE ARRANGE FOR A CONSULTATION

CONSULTANTS CARDIOLOGY

- **Dr. Saul Miller** MD, FRCP (C)
- **Dr. Abdelwahab Arrazaghi** MD, FRCP (C)
- Dr. **Mayraj Ahmad** MD, FRCP (C)
- Dr. **Michael Tjandrwidjaja** MD, FRCP (C)
- **Dr. Joseph Zupnik** MD, CM, FRCP (C)
- **Dr. Sachin Wadhawan** MD, FRCP (C)
- **Dr. Ahmed Al-Riyami** MD, DABIM, FRCP (C)
- **Dr. Majed Fiaani** MD, FRCP (C)
- **Dr. Ganraj Kumar** MDCM, FRCPC, FACP
- **Dr. Gurpreet Maur** MP, FRCP (C), FACC
- **Dr. Zahid Sardar** BSC, MD, FRCP (C), FACP
- **Dr. Henry Onyegbule** MD
- **Dr. R.Paddmanabhan Iyer** MD, FRCP (C), FACP , FCCP
- **Dr. Eva Lonn** MD, FRCP (C)
- **Dr. Rubeena Khan** MD, MBBS, FRCP (C), (PEDIATRIC)
- **Dr. Sobia Zuberi** MD, FRCP (C)

HISTORY/CLINICAL INFORMATION :

REASON FOR TEST

- ☐ PALPITATION
- ☐ CHEST PAIN
- ☐ SOB
- ☐ ABNORMAL ECG
- ☐ DIZZINESS
- ☐ HYPERTENSION
- ☐ R/O CAD
- ☐ OTHER _____

CARDIOVASCULAR RISK REDUCTION PROGRAM

RISK FACTORS: (CHECK APPROPRIATE BOXES)

- ☐ AGE
- ☐ FAMILY HISTORY
- ☐ ETHNICITY
- ☐ SMOKING HISTORY
- ☐ OBESITY
- ☐ DIABETES MELLITUS
- ☐ HYPERTENSION
- ☐ DYSLIPIDEMIA
- ☐ POOR DIET
- ☐ SEDENTARY LIFESTYLE
- ☐ HIGH STRESS
- ☐ METABOLIC SYNDROME

*PLEASE BRING WITH YOU THIS REQUISITION FORM, YOUR HEALTH CARD AND YOUR LIST OF MEDICATIONS. THANK YOU FOR YOUR COOPERATION.

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