SOUTHLAKE
REGIONAL HEALTH CENTRE

596 Davis Drive
Newmarket, ON L3Y 2P9

Health Record #: ____________ Complete or place barcoded patient label here
Patient Name: (Print first, last) ____________
DOB: dd / mm / yy Age: ______ ❑ Female ❑ Male
OHIP #: ____________ Version Code: ____________
Account #: ____________ Date of Admission: dd / mm / yy

Urgent Cardiology Clinic Referral

❑ OFFICE *or* ❑ EMERGENCY DEPARTMENT

PLEASE COMPLETE FORM AND FAX WITH RELEVANT DOCUMENTATION TO (905) 952-2467

Patient Name: *(print first, last)*

Address: Street Number and Name | Apartment | City | Province | Postal Code

List the patient's contact number and one alternate number. For each number, use the tick boxes to indicate if the patient consents to be called at that number and/or if messages relating to his/her care and appointments can be left at that number:

Contact #: ❑ OK to call ❑ OK to leave a message

Alternate #: ❑ OK to call ❑ OK to leave a message

[NB: Consent to send copies can be implied if the recipients will be involved in ongoing or follow-up care.]
I have obtained verbal or implied consent to send copies to:

❑ Family Doctor ____________ ❑ Other Doctor ____________

Referring Physician: *(print first, last)*	**Phone:**
Family Physician: *(print first, last)*	**Billing #:**

In the event of an emergency or acute unstable symptoms the patient should be directed to the Emergency Department.

Cardiac Risk Factors: ❑ Smoker ❑ Diabetes ❑ Hypertension ❑ Cholesterol ❑ Positive Family History

Past Medical History and REASON FOR AN URGENT REFERRAL: ____________

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Diagnostic Test Requested: ❑ Exercise Stress Test ❑ Echocardiogram

❑ Holter monitor: ❑ 24 hr ❑ 48 hr ❑ 14 day

Previously seen by a cardiologist? ❑ No ❑ Yes – **Cardiologist:** *(print first, last)* ____________

*** Please enclose most recent investigations, ECG, stress test, echocardiogram, holter monitor, angiogram, other**

Current Medications: ____________

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Referring Physician's Signature: **Date:** dd / mm / yy

OFFICE USE ONLY – Date of Appointment: dd / mm / yy **Date request sent:** dd / mm / yy

The collecting of personal information on this form is done in accordance with Southlake's Privacy Policy. Details regarding this Policy are available on our website, www.southlake.ca.