SouthlakeHealth
Leading Edge Care. Close to Home.

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**

Please fax to 905-952-2467

PLEASE COMPLETE FORM AND FAX WITH RELEVANT DOCUMENTATION

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: _____

_____

_____

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: _____

_____

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.