



Southlake Village
640 Grace Street
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:** _____

Primary Hospital Affiliation: _____ **Pager/Cell:** _____

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

Primary Indication For Clinic Visit: New onset Angina Chest Pain NYD Other _____

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 72 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.southlakeregional.org.

