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

Cardiovascular Integrated Physiology (CVIP) Clinic Referral ❑ OFFICE *or* ❑ IN-PATIENT

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

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

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

Send copies to:

❑ Family Physician _____

❑ Other Doctor _____

Referring Physician: *(print first, last)*	**Phone:**
Primary Hospital Affiliation:	**Pager/Cell:**
Family Physician: *(print first, last)*	**Billing #:**

Primary Indication for Clinic Visit: ***(*see reverse for definition)***

❑ Heart Failure with Preserved Ejection Fraction ❑ Syndrome X* ❑ Syndrome Y or Coronary Slow Flow Syndrome*
❑ Epicardial Spasm ❑ Myocardial Bridging ❑ Takotsubo Cardiomyopathy ❑ MI with normal coronaries
❑ Other _____

Cardiac Risk Factors: ❑ Cholesterol ❑ Depression/Anxiety ❑ Hypertension ❑ Smoker
❑ Diabetes ❑ Disordered Sleep ❑ Obesity ❑ Positive Family History

Past Medical History and Reason for Referral: _____

_____

_____

Diagnostic Test Requested: ❑ ECG ❑ Exercise Stress Test ❑ Echocardiogram ❑ Holter monitor

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

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.

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Cardiovascular Integrated Physiology (CVIP) Clinic Referral

Primary Indication for Clinic Visit – Defined

Syndrome X: The patient will typically complain of exertional chest pain. To qualify for referral they must have non-invasive evidence of ischemia and a normal coronary angiogram. Non-invasive testing must include an abnormal graded exercise test with diagnostic ECG changes. Chest pain and/or abnormal perfusion scans alone will not be sufficient.

Syndrome Y or Coronary Slow Flow Syndrome: The patient will typically complain of paroxysms of rest pain and may present with a non ST elevation MI (NSTEMI). To qualify for referral they must have angiographic evidence of slow coronary flow in the absence of significant stenoses. Slow flow is defined as Thrombolysis in Myocardial Infarction (TIMI) 1-2 flow and/or a TIMI frame count of more than 40. We will be accepting NSTEMI with normal coronaries and patients with old Kawaski's disease in this category.