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 : (519) 858 2260
230 VICTORIA STREET, LONDON, ON, N6A 2C2 | 1807 WONDERLAND ROAD, LONDON, ON, N6G 5C2

CONSULTING PHYSICIAN :

- **Dr. Zahid Sardar** BSC, MD, FRCP (C), FACP
- **Dr. Majed Fiaani** MD, FRCP (C)
- **Dr. Hashi, Abdulaziz Ahmed** MD, FRCP (C)
- **Dr. Jaidka, Atul Kumar** MD, FRCP (C)

PATIENT INFORMATION

FIRST NAME ____________________
LAST NAME ____________________
HEALTH CARD NO ____________________
D.O.B ____________________
ADDRESS ____________________
TEL NO ____________________

REFERRING PHYSICIAN

REFERRING 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

HISTORY/CLINICAL INFORMATION :

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REASON FOR TEST

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

____
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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

HEAD OFFICE: 30 WEST BEAVER CREEK RD, UNIT 101, RICHMOND HILL, ON L4B 3K1 I info@cardiohealth.ca