division of Humber Valley IMAGING EST. 1986

# Vaughan Cardiac Clinic

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division of TORONTO CARDIAC CLINIC

CLEAR FORM

▶ PLEASE SCAN QR CODE TO BOOK AN APPOINTMENT

## Patient Information

Name: _____

Health Card #: _____ Date of Birth: ____ / ____ / _____ (DD / MM / YYYY)

Phone: _____ Email: _____

## Referring Physician Information

Name: _____ CPSO #: _____ Physician Billing #: _____

Address: _____

Phone: _____ Fax: _____

**CC Physician:** _____ **Fax:** _____

**URGENCY:** ❍ **Elective** ❍ **Semi-Urgent** ❍ **Urgent (please call)**

### OUR TEAM

❍ Dr. Sudip Datta ❍ Dr. Chris Overgaard ❍ Interventional Cardiology
❍ Dr. Natalie Gomperts ❍ Dr. Cameron Gilbert ❍ First available
❍ **Consult** ❍ **Consult with Diagnostics** ❍ **Diagnostics only** ❍ Other _____

### REASON FOR REFERRAL / CLINICAL INFORMATION:

Please select clinical indication:

❍ Chest Pain / CAD
❍ Abnormal ECG
❍ Palpitations / Arrhythmia
❍ Acute Stroke / TIA
❍ Dizziness / Syncope
❍ Post MI
❍ Dyspnea
❍ Atrial Fibrillation
❍ Pulmonary Hypertension
❍ R/O Structural
❍ Cardiac Murmer
❍ Heart Failure / SOB
❍ Other _____

### CARDIAC STUDIES

❍ Electrocardiogram (ECG)
❍ Echocardiogram (Echo)
❍ Echocardiogram with Contrast
❍ Exercise Stress Echo
❍ Exercise Stress Test

❍ **HOLTER MONITOR**
❍ 2 d ❍ 7 d
❍ 3 d ❍ 14 d

❍ **Ambulatory Blood Pressure Monitor**
*Not covered by OHIP

### CARDIAC NUCLEAR STUDIES

❍ Myocardial Perfusion with Tc99m
❍ Treadmill / Bike
❍ Persantine
❍ MUGA scan with Tc99m

### VASCULAR STUDIES

❍ **DUPLEX CAROTID**

❍ **PERIPHERAL ARTERIAL**
Lower Limb (L) (R) (B)
Upper Limb (L) (R) (B)

❍ **PERIPHERAL VENOUS**
Lower Limb (L) (R) (B)
Upper Limb (L) (R) (B)

❍ **AORTIC ANEURYSM**

**Signature of Referring Physician:** _____ **Date:** ____ / ____ / _____ (DD / MM / YYYY)