



**COLLINGWOOD CARDIOLOGY
& INTERNAL MEDICINE**

Patient Name: _____

Healthcard Number: _____ DOB: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Referring Doctor: _____

Fax Number: _____ OHIP Billing #: _____

Reason For Referral: _____

SERVICE REQUIRED

- 2D ECHO-DOPPLER *MUST complete pg. 2
- STRESS ECHOCARDIOGRAM *MUST complete pg. 2

- EXERCISE ECG

- HOLTER MONITOR
 - 24 HR
 - 48 HR
 - 7 DAY
 - 14 DAY
 - 7 DAY ICENTIA (waterproof)

- BP MONITOR (\$75.00 cash or cheque)
- ECG



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Please select an indication for ECHO and STRESS ECHO referrals

- Chest pain, typical, atypical
- ? ACS, ? Non-Dx changes, Neg or (?) Troponin level
- History of CHF
- Known LV systolic dysfunction of unclear etiology.
- significant ventricular arrhythmia
- Syncope of unclear etiology
- Borderline or high troponin levels in a setting other than ACS
- Significant cerebrovascular or peripheral atherosclerosis
- Re-evaluation (>1 yr.) in pt's with significant cerebrovascular or peripheral atherosclerosis
- Equivocal or non-DX results from other stress modalities
- Initial evaluation of pt's at intern. or high global CAD risk
- Periodic (>2 yrs.) re-evaluation of pt's with intermediate or high global CAD risk
- New or worsening chest pain or ischemic equivalent
- Post MI or ACS for risk stratification (within 3 months.)
- Viability in patients with known significant LV dysfunction post re-vascularization
- Periodic (>1yr.) re-evaluation of stable patient with known CAD
- For physiologic assess and/or sym. correlation in pt's with moderate or severe aortic stenosis, mitral stenosis, mitral regurgitation, aortic regurgitation, hypertrophic cardiomyopathy
- Assessment of established or latent pulmonary hypertension
- Other