



# Canadian Heart Care



**SEND FAX TO**  
**647-243-2782**

info@canadianheartcare.ca  
canadianheartcare.ca

**URGENT**

**LOCATIONS :**  
 **BRAMPTON**  
647-243-2780  
Suite 300-2  
County Court BLVD,  
Brampton ON L6W 3W8

**MISSISSAUGA**  
647-243-2780  
3200 Erin Mills Pkwy  
Mississauga ON  
L5L 1W8

**BOWMANVILLE**  
647-243-2780  
222 King St E,  
Bowmanville, ON  
L1C 1P6

## PATIENT INFORMATION

Patient Full Name : \_\_\_\_\_  
Patient Address : \_\_\_\_\_  
\_\_\_\_\_  
Patient Phone #: \_\_\_\_\_  
Health Card #: \_\_\_\_\_  
Date of Birth : \_\_\_\_\_

## DOCTOR INFORMATION

Doctor Name : \_\_\_\_\_  
Billing No : \_\_\_\_\_  
Doctor Tel : \_\_\_\_\_  
Doctor Fax : \_\_\_\_\_  
Email : \_\_\_\_\_  
Signature : \_\_\_\_\_

## PROCEDURES

- |  |   |
|--|---|
| <input type="checkbox"/> Cardiology Consultation         | <input type="checkbox"/> Contrast Treadmill Stress Echo   |
| <input type="checkbox"/> Internal Medicine Consultation  | <input type="checkbox"/> Exercise Stress Test (GXT)   |
| <input type="checkbox"/> Echocardiography                | <input type="checkbox"/> Resting ECG  |
| <input type="checkbox"/> Contrast Echo                   | <input type="checkbox"/> Holter Monitor <input type="checkbox"/> 48hrs <input type="checkbox"/> 72hrs |
| <input type="checkbox"/> Pediatric Echo (Age 13 & Above) | <input type="checkbox"/> Ambulatory Blood Pressure Monitor.   |
| <input type="checkbox"/> Treadmill Stress Echo           | (Not Covered by OHIP \$75)  |

## REASON FOR TEST

- |   |  |
|---|--|
| <input type="checkbox"/> Chest Pain                           | <input type="checkbox"/> Pedal Edema / Generalized Edema                                   |
| <input type="checkbox"/> Palpitations                         | <input type="checkbox"/> Hypertension  |
| <input type="checkbox"/> SOB                                  | <input type="checkbox"/> Obesity (BMI>29)  |
| <input type="checkbox"/> Syncope / Presyncope                 | <input type="checkbox"/> Known case of MI, Stroke  |
| <input type="checkbox"/> Abnormal ECG                         | <input type="checkbox"/> High Cardiac Risk Factors (Age, Ethnicity, Smoking, Dyslipidemia) |
| <input type="checkbox"/> Dizziness, Fatigue of Unknown Origin | <input type="checkbox"/> Other   |

## ADDITIONAL COMMENTS

\_\_\_\_\_  
\_\_\_\_\_

- All patients with abnormal test results will be seen in consultation.
- Contrast/Bubble study will be performed for better images, if needed.

**48 hrs notice is required for any Cancellations or Rebooking**