



Canadian Heart Care



SEND FAX TO

647-243-2782

info@canadianheartcare.ca
canadianheartcare.ca

☐ **URGENT**

LOCATIONS

☐ **BRAMPTON SOUTH**

Unit # 300,
2 County Court
Blvd, Brampton ON
L6W 3W8

☐ **BRAMPTON NORTH**

Unit # 4,
18 Corporation Dr,
Brampton, ON
L6S 6B5

☐ **MISSISSAUGA**

Unit # 402,
2255 Dundas St W,
Mississauga, ON
L5K 1R6

☐ **MILTON**

Unit # 109,
311 Commercial St,
Milton, ON
L9T 3Z9

☐ **WATERLOO**

Canuck Health Care
Unit # 202C,
725 Bridge St,
Waterloo, ON
N2V 2H1

☐ **BOWMANVILLE**

196 King St E,
Bowmanville, ON
L1C 1P1

☐ **NORTH YORK**

450 Wilson Ave.
Toronto, ON
M3H 1T9

☐ **BURLINGTON**

3061 Walkers Line,
Burlington, ON
L7M 0W9

☐ **OAKVILLE**

Unit # 6
407 Iroquois Shore
Rd, Oakville, ON
L6H 1M3, Canada

☐ **BOLTON**

Unit # 10
196 McEwan Dr E,
Bolton, ON L7E 4E5

☐ **HAMILTON**

685 Main St E,
Hamilton, ON L8M 1K4

☐ **GEORGETOWN**

308 Guelph St,
Georgetown, ON L7G 5L1

☐ **ETOBICOKE**

Suite 300, 1 Eva Rd,
Etobicoke, ON M9C 4Z5

PATIENT INFORMATION

Patient First Name : _____

Patient Last Name : _____

Patient Address : _____

Patient Phone #: _____

Health Card #: _____

Date of Birth : _____

DOCTOR INFORMATION

Doctor Name : _____

Doctor Address : _____

Billing No : _____

Doctor Tel #: _____

Doc Fax #: _____

Email : _____

Signature: _____

CARDIOLOGY TESTING

☐ Cardiology Consultation

☐ Echocardiography

☐ Stress Echo

☐ Stress Test

☐ Consultation, if test is Abnormal

☐ Resting ECG

☐ Holter Monitor 72 hours

☐ Ambulatory Blood Pressure Monitor

☐ Annual Checkup Required

REASONS FOR TEST

☐ Chest Pain

☐ Palpitations

☐ SOB

☐ Syncope / Presyncope

☐ Abnormal ECG

☐ Dizziness, Fatigue of Unknown Origin

☐ Pedal Edema / Generalized Edema

☐ Hypertension

☐ Obesity (BMI>29)

☐ Known case of MI, Stroke

☐ High Cardiac Risk Factors
(Age, Ethnicity, Smoking, Dyslipidemia)

☐ Other

CARDIOLOGY SERVICES

☐ Hypertension Clinic

☐ Arrhythmia Clinic

☐ Heart Failure Clinic

☐ Cholesterol Clinic

☐ Preventive Heart Disease Clinic

☐ Heart Valve Disease Clinic

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**



647-243-2780, 877-749-9592

ECHOCARDIOGRAPHY PATIENT INSTRUCTIONS:

1. ** This test is an ultrasound of your heart. It will take one (1) hour.
2. Please wear a 2-piece outfit that buttons in the front.
3. Please bring a list of all the medicines you are currently taking.
4. Please bring your health card and a photo ID.

EXERCISE STRESS TEST PATIENT INSTRUCTIONS:

1. You will exercise on a treadmill, while the doctor and technologist watch you. We will monitor your heart, blood pressure and oxygen levels. If you have any discomfort during the test, let the staff know.
2. Do not drink alcohol or caffeine on the day of the test.
3. Wear comfortable shoes, with rubber soles (such as running shoes) and loose fitting clothes.