



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
- ☐ **BRAMPTON CENTRAL**
Jeejeebhoy Heart Clinic
164 Queen St E, Brampton,
ON, L6V 1B4
- ☐ **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
- ☐ **BOLTON**
Unit # 208, 170 McEwan Dr E,
Bolton, ON, L7E 4C8
- ☐ **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
- ☐ **SCARBOROUGH**
2101 Brimley Rd #103,
Scarborough, ON, M1S 2B4
- ☐ **RICHMOND HILL**
9301 Bathurst St Unit 8,
Richmond Hill, ON L4C 9S2
- ☐ **UNIONVILLE**
178 Main St Unionville,
Unionville, ON L3R 2G9
- ☐ **OSHAWA**
Unit 1, 1100A Simcoe St N,
Oshawa, ON L1G 4W6

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 | ☐ Resting ECG |
| ☐ Echocardiography | ☐ Holter Monitor 72 hours |
| ☐ Stress Echo | ☐ Ambulatory Blood Pressure Monitor |
| ☐ Stress Test | ☐ Annual Checkup Required |
| ☐ Consultation, if test is Abnormal | |

REASONS FOR TEST

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

CARDIOLOGY SERVICES

- | | |
|---|--|
| ☐ Hypertension Clinic | ☐ Preventive Heart Disease Clinic |
| ☐ Arrhythmia Clinic | ☐ Heart Valve Disease Clinic |
| ☐ Heart Failure Clinic | ☐ Postural Orthostatic Tachycardia
Syndrome (POTS) |
| ☐ Cholesterol 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.