# CHINOOK CARDIOLOGY

# CARDIOLOGY REFERRAL

PHONE: 587.425.3246 LETHBRIDGE NUMBER FAX: 587.425.3247 LETHBRIDGE NUMBER

925 - 19TH Street South, Lethbridge, Alberta, Canada

## Patient Information

| | | | |
|---|---|---|---|
| Name: | | Birth Date: dd\ mm\ yyyy\ | |
| Health Care Number: | Address: | | |
| Phone: | City: | Province: | Postal Code: |

## Cardiac Diagnostic Services

*Please feel free to phone for an appointment or fax this completed form and we will contact the patient for you.*

### Service(s) Requested:

- ☐ **Transthoracic Echocardiogram (Regular Echo)**
- ☐ Electrocardiogram (12-lead ECG/EKG)
- ☐ 24 Hour Holter Monitor with baseline ECG
  - ○ *Please check to indicate NO baseline ECG required with this Holter request (recent baseline ECG must then accompany this form)*
- ☐ Other: _____

Urgency: ☐ ASAP ☐ Within 2 weeks ☐ Routine

### Indication(s)

| | | | |
|---|---|---|---|
| ☐ Chest Pain | ☐ Heart Failure | ☐ Syncope/Presyncope | ☐ Murmur |
| ☐ Abnormal ECG | ☐ Oedema/PND | ☐ Palpitations | ☐ Valvular Disease |
| ☐ Hypertension | ☐ Shortness of Breath | ☐ Arrhythmia | ☐ Prosthetic Valve |
| ☐ Left Ventricle Hypertrophy | ☐ Pulmonary Hypertension | ☐ Stroke/TIA | ☐ Endocarditis |

## Clinical Cardiology Referrals

*To avoid any possible delay with your referral please include full patient demographics, relevant patient documents and reports with the referral letter.*

*Includes Cardiology Consultation unless otherwise indicated.

- ☐ Consultation
- ☐ Phone Advice
- ☐ Dobutamine Stress Echocardiogram (DSE)*
  - ○ *Please check if NO cardiology consultation requested with DSE*
- ☐ Exercise Stress Test - Treadmill (EST)*
  - ○ *Please check if NO cardiology consultation requested with EST*
- ☐ Transoesophogeal Echocardiogram (TEE)*
  - ○ *Please check if NO cardiology consultation requested with TEE*

**Clinical summary or questions to be answered:**

## Referring Physician Information

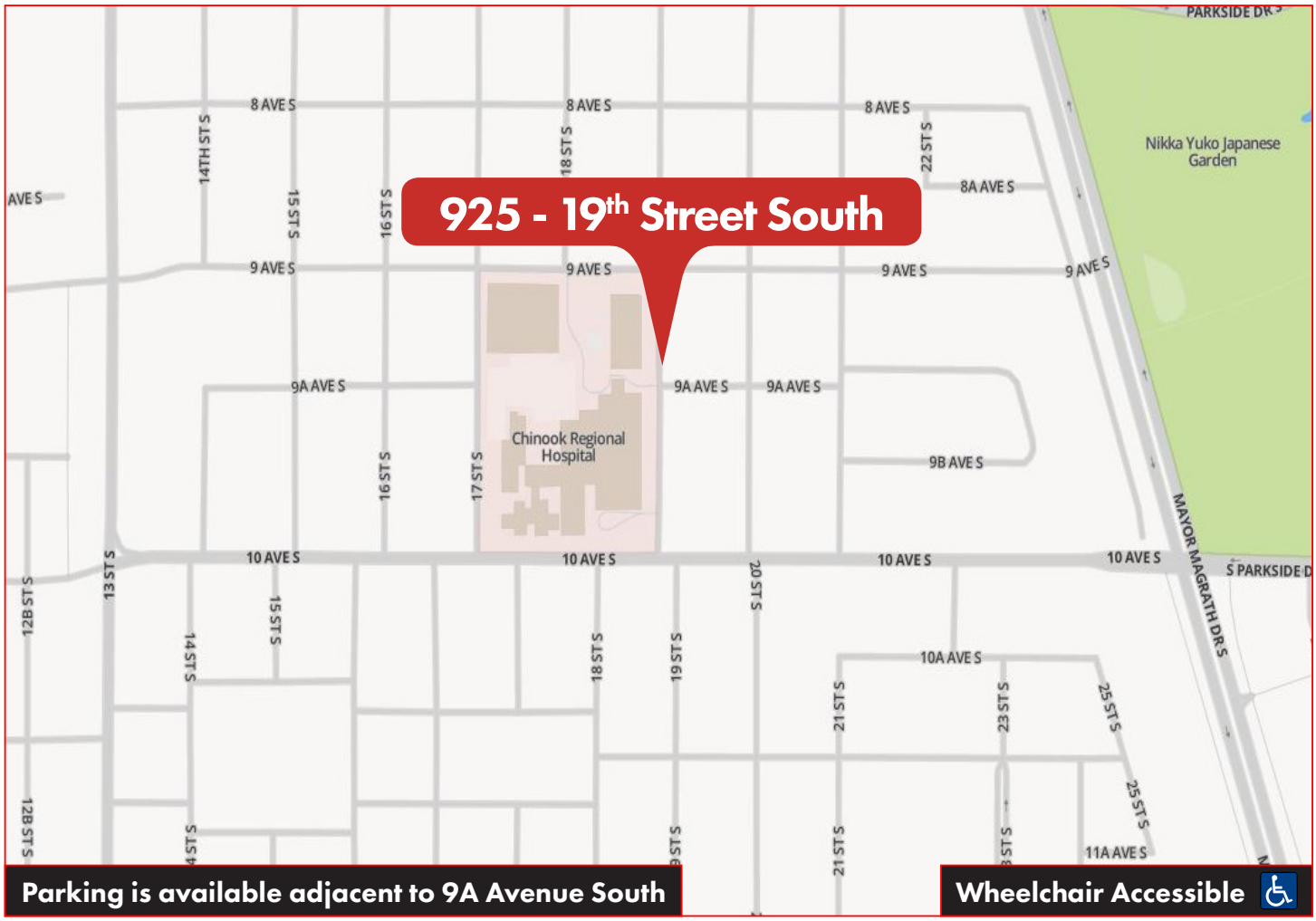
| | | | |
|---|---|---|---|
| Name: | | | |
| PRAC ID: | Referral Date: dd\ mm\ yyyy\ | | Phone: |
| Address: | | | Fax: |
| City: | Province: | Postal Code: | **Copies To:** |

**Date of Exam:** _____ **Time:** _____

# Important Information for Patients

**For Echocardiogram, ECG and Holter appointments:**

- You may eat, drink, and take your usual medications prior to your appointment.
- You may brush your teeth and wear deodorant.
- Please ensure you have clean, dry skin and NO body oils, lotions or powders.
- Please bring your Provincial Health Care Card with you to your appointment





**OUR ADDRESS**

925 - 19TH Street South
Lethbridge, Alberta
T1J 3H4

CHINOOK CARDIOLOGY

**OUR LOCAL LETHBRIDGE NUMBERS**

PHONE: **587.425.3246**
FAX: **587.425.3247**


Digital download of Cardiology Referral available on our website: **www.chinookcardiology.com**