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

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OUR LOCAL LETHBRIDGE NUMBERS

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FAX: **587.425.3247**

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