



# CARDIOLOGY REFERRAL

PHONE: (587) 425-3246

FAX: (587) 425-3247

LETHBRIDGE NUMBER

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1605 9<sup>TH</sup> Avenue South, Lethbridge, Alberta, Canada

Hours of Operation: 8:00am - 5:00pm, Monday-Friday  
(Excluding Statutory Holidays)

## PATIENT INFORMATION

Name:		Birth Date: dd\      mmm\      yyyy\	
Health Care Number:	<input type="checkbox"/> Allergy to latex	Gender:	<input type="checkbox"/> Pediatric
Phone:	Address:		
Cell 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:

**Urgency:**  STAT  Urgent  Routine  Specific Timeframe: \_\_\_\_\_

**Location:**  Lethbridge \*All ages welcome  Pincher Creek \*Adult Regular Transthoracic Echocardiogram only

Transthoracic Echocardiogram (Regular ultrasound of the heart)

Limited Echocardiogram  
(Reassess/followup from a recent echocardiogram)  
\*Please attach previous report

Holter monitor with baseline ECG  Holter monitor without baseline ECG  
(Please attach recent ECG)

24 hour Ambulatory Blood Pressure monitor  
\*Adult referrals only

Requested number of hours to record:

24  36  48  72  Other: \_\_\_\_\_ (Maximum 1 week)

Electrocardiogram (12-lead ECG/EKG)

Other: \_\_\_\_\_

### Indication(s) or Clinical summary / question(s) to be answered:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Chest Pain                      | <input type="checkbox"/> Heart Failure          | <input type="checkbox"/> Syncope/Presyncope | <input type="checkbox"/> Murmur           |
| <input type="checkbox"/> Abnormal ECG                    | <input type="checkbox"/> Oedema/PND             | <input type="checkbox"/> Palpitations       | <input type="checkbox"/> Valvular Disease |
| <input type="checkbox"/> Hypertension                    | <input type="checkbox"/> Shortness of Breath    | <input type="checkbox"/> Arrhythmia         | <input type="checkbox"/> Prosthetic Valve |
| <input type="checkbox"/> Left Ventricle Hypertrophy      | <input type="checkbox"/> Pulmonary Hypertension | <input type="checkbox"/> Stroke/TIA         | <input type="checkbox"/> Endocarditis     |
| <input type="checkbox"/> Other questions to be answered: |   |   |   |

## CLINICAL CARDIOLOGY REFERRALS\*\*

\*\*For clinical cardiology referrals, please send a referral letter and any relevant reports and documents.

- |  |   |
|--|---|
| <input type="checkbox"/> Consultation  | <input type="checkbox"/> Exercise Stress Test - Treadmill (EST)<br><input type="radio"/> Please indicate if a clinical consultation is also requested |
| <input type="checkbox"/> Phone Advice  | <input type="checkbox"/> Transesophageal Echocardiogram (TEE)<br><input type="radio"/> Please indicate if a clinical consultation is also requested   |
| <input type="checkbox"/> Dobutamine Stress Echocardiogram (DSE)*<br><input type="radio"/> Please indicate if a clinical consultation is also requested | <input type="checkbox"/> Exercise Stress Echocardiogram (ESE)*<br><input type="radio"/> Please indicate if a clinical consultation is also requested  |
- \*DSE & ESE require a recent (within six months) baseline transthoracic echocardiogram (TTE); to ensure clinically and technically appropriate. Please ensure baseline TTE is available prior to DSE or ESE.

## REFERRING PHYSICIAN INFORMATION

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

\*Incomplete referrals may result in delays of the patient care.

DATE OF EXAM:

TIME:

# IMPORTANT INFORMATION FOR PATIENTS

## Instructions

- Please bring your Provincial Health Card with you to your appointment

For ALL appointments, please come with clean, dry skin

- Preferably NO lotions, oils or powders on the chest (You may wear deodorant)
- Monitors will need to be returned by the designated time (Dropbox open 24 hrs)
- Monitors **MUST** be kept dry – sweat/exercise are fine\*\*\*
- Blood Pressure monitors – Wearing a loose, short sleeve shirt is preferable



## OUR ADDRESS

1605 9 Avenue South  
Lethbridge, Alberta T1J 1W2



## OUR LOCAL LETHBRIDGE NUMBERS

PHONE: 587.425.3246  
FAX: 587.425.3247

Digital download of our referral form is available on our website: [www.chinookcardiology.com](http://www.chinookcardiology.com)