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Northern Cardiac Health Teams

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Request For Cardiac Examination

Patient Information (Affix Label if Available)				
Full Name:		Gender:	Height:	Weight:
Address:	Street # & Name:	City:	Postal Code:	
Health Card #:	Cell Phone			
Date Of Birth:	dd/mm/yy:	Age:	Family Physician:	
Clinical Indication				
Clinical Hx:-				
<input type="radio"/> Chest Pain	<input type="radio"/> SOB	<input type="radio"/> Palpitation	<input type="radio"/> Syncope	<input type="radio"/> Murmur
<input type="radio"/> CAD	<input type="radio"/> CHF	<input type="radio"/> Arrythmias	<input type="radio"/> LL swelling	<input type="radio"/> Others:
Examination(s) Requested			Patient's Cardiologist	
<input type="radio"/> Echocardiography (regular comprehensive TTE). Add:- <input type="radio"/> Bubble Study <input type="radio"/> Strain Study			<input type="radio"/> N/A (First Available)	
<input type="radio"/> Contrast Echocardiography.				
<input type="radio"/> Pediatric Echo (Neonate & older) by dedicated ped Echo Tech, Ped Cardiologist & equipment			<input type="radio"/> Dr. Anthony Main	
<input type="radio"/> Exercise Stress Echocardiography (SE)			<input type="radio"/> Dr. Atilio Costa Vitali	
<input type="radio"/> Ischemic Heart Disease Protocol			<input type="radio"/> Dr. Brian Wong	
<input type="radio"/> Diastolic Dysfunction Protocol			<input type="radio"/> Dr. Djilali Hanzal	
<input type="radio"/> Cardiomyopathies Protocol			<input type="radio"/> Dr. Grama Ravi	
<input type="radio"/> Native Valve Disease Protocol			<input type="radio"/> Dr. Mohamed Ibrahim	
<input type="radio"/> Exercise Stress ECG + LV wall motion Echo assessment before & immediately after Exercise			<input type="radio"/> Dr. Mohamed Shurrab	
<input type="radio"/> Exercise Stress ECG only (GXT)			<input type="radio"/> Dr. Raed Abu Shama	
<input type="radio"/> Rest 12-Lead ECG.			<input type="radio"/> Dr. Roger Labonte	
<input type="radio"/> Holter Monitoring: <input type="radio"/> 72 hrs <input type="radio"/> 1 week <input type="radio"/> 2 Weeks <input type="radio"/> Others:				
<input type="radio"/> In-Clinic / Walk-In (9 am – 12 pm and 1 pm to 4 pm)			Pediatric Cardiology Team	
<input type="radio"/> By-Mail (by: Xpress post, prepaid return, all Ontario) - No extra fee			<input type="radio"/> Dr. Yousef Etoom	
<input type="radio"/> At-Home (by Trained female staff, hook-up, re-hook-up, and pick-up) - No extra fee				
<input type="radio"/> BP Monitoring (24 Hours) (Not insured and grants are available if requested by patient)			Level III Echo Cardiologists	
<input type="radio"/> Simple Spirometry.			<input type="radio"/> Dr. Mohamed Ibrahim	
			<input type="radio"/> Dr. Djilali Hanzal	
<input type="radio"/> Cardiology Consultation <input type="radio"/> Virtual <input type="radio"/> In-Person <input type="radio"/> First Available				
			Electrophysiology Team	
			<input type="radio"/> Dr. Raed Abu Shama	
<input type="radio"/> Urgent			<input type="radio"/> Dr. Atilio Costa Vitali	
			<input type="radio"/> Dr. Mohamed Shurrab	
Referring Physician Information (Stamp Label if Available)				
Referring Physician:		Tel:		
Physician's Signature:		Fax:		
		Copy to:		
Billing Provider #:		Note:		
Date: dd/mm/yy:				