

## PATIENT INFORMATION

FIRST NAME:  patFirstName  
 LAST NAME:  patSurname  
 OHIP NO:  patHN  ...ionCode  
 D.O.B:  patBirthdate.default  
 CITY:  patCityAddress  
 TEL NO:  patHomePhone.default

## REFERRING PHYSICIAN

REFERRING MD:  currMdName  
 MD SIGNATURE:   
 BILLING NO:  currMdPhysNum  
 FAX NO:  currMdFax.default  
 ADDRESS:  currMdAddressLabel

## PROCEDURES

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> ADULT ECHO              | <input type="checkbox"/> 72 H HOLTER                       | <input type="checkbox"/> LOOP RECORDER             |
| <input type="checkbox"/> STRESS ECHO             | <input type="checkbox"/> 48 H HOLTER                       | <input type="checkbox"/> ECG                       |
| <input type="checkbox"/> CARDIOLOGY CONSULTATION | <input type="checkbox"/> STRESS TEST                       | <input type="checkbox"/> AMBULATORY BLOOD PRESSURE |
| <input type="checkbox"/> INTERNAL MEDICINE       | <input type="checkbox"/> IF TEST IS ABNORMAL,              | <input type="checkbox"/> (Not covered by OHIP)     |
| <input type="checkbox"/> CONSULTATION            | <input type="checkbox"/> please arrange for a consultation |  |

## HISTORY/CLINICAL INFORMATION:

## REASON FOR TEST

- ☐ PALPITATION  
☐ CHEST PAIN  
☐ SOB  
☐ ABNORMAL ECG  
☐ DIZZINESS  
☐ OTHER

## CARDIOVASCULAR RISK REDUCTION PROGRAM (14 MONTHS)

### RISK FACTORS: (Check Appropriate Boxes)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Age             | <input type="checkbox"/> Diabetes Mellitus   | <input type="checkbox"/> High Stress                         |
| <input type="checkbox"/> Family History  | <input type="checkbox"/> Hypertension        | <input type="checkbox"/> Inactive Coronary Artery Disease*   |
| <input type="checkbox"/> Ethnicity       | <input type="checkbox"/> Dyslipidemia        | <input type="checkbox"/> Inactive Peripheral Artery Disease* |
| <input type="checkbox"/> Smoking History | <input type="checkbox"/> Poor Diet           | <input type="checkbox"/> Inactive Cerebrovascular Disease*   |
| <input type="checkbox"/> Obesity         | <input type="checkbox"/> Sedentary Lifestyle | <input type="checkbox"/> Metabolic Syndrome                  |

\*Controlled symptoms, no surgical intervention in the past year or planned for the coming year