

Dynacare.ca | 877.718.2196 | Home Office: 416.264.4795

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