



CARDIAC CLINIC

955 Major Mackenzie Drive, 3rd Floor, Suite 362, Vaughan, Ontario, L6A 4P9
Telephone: 905-883-1212 Ext. 2004 Fax: 905-883-0772



RAPID ASSESSMENT CARDIAC CLINIC - External Patient Referral Form

Our new Cardiac Clinic provides prompt consultations with our cardiologists and onsite diagnostic tests (ECG, Echocardiogram, Holter monitoring and Stress Test). Our patient scheduling office will contact your patient to schedule their appointment. We offer free parking at our facility.

Please fax all relevant information along with the referral (medical notes, lab and diagnostic images).

Patient Information		
Last Name:	First Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
Address:		
City:	Province:	Postal Code:
Home Number:	Business Number:	Mobile:
Email Address:	Date of Birth:	dd/mm/yyyy
Health Card Number:	Version Code:	
Referring Physician Information		
Referring Physician:	Referring Billing Number:	
Address:		
City:	Province:	Postal Code:
Office Number:	Fax Number:	
Reason for Referral:		
<input type="checkbox"/> Chest Pain		
<input type="checkbox"/> Palpitations		
<input type="checkbox"/> Dyspnea		
<input type="checkbox"/> Other: Please detail		
Urgency: (please check) (<1 week) _____ (<2 weeks) _____ (<1 month) _____		
PLEASE NOTE INCOMPLETE REFERRALS WILL BE RETURNED.		



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(Rev. July 11, 2023)