IMPROVEDCARE CARDIOLOGY

Unit 12, 1700 King Road, King City, Ontario, L7B 0N1
Tel: **905-833-8421** Fax: **905-833-2727**

DIAGNOSTIC/CONSULATION REQUISITION FORM

Cardiologist: Dr. Sudip Datta, FRCPC, FACC

PATIENT INFORMATION

PATIENT'S LAST NAME:	FIRST NAME:	SEX: M | F	DATE OF BIRTH DAY: MONTH: YEAR:
ADDRESS:	TOWN/CITY:	POSTAL CODE:	
HEALTH CARD NUMBER:	TELEPHONE NUMBER:	PHYSICIAN'S NAME:	PHYSICIAN'S BILLING #:
PHYSICIAN'S ADDRESS:	PHYSICIAN'S TEL:	DATE OF REFERRAL	PHYSICIAN'S SIGNATURE:

PHYSICIAN'S INFORMATION

PHYSICIAN'S NAME:	PHYSICIAN'S BILLING #:	TELEPHONE #:
PHYSICIAN'S ADDRESS:	DATE OF REFERRAL	PHYSICIAN'S SIGNATURE:

CARDIAC EXAMINATIONS

▢ Cardiology Consultation [ECK/EKG; Stress; Echo]	▢ Loop/Event Recorder: 14 days
▢ Holter Monitoring: 48 hrs	▢ Pulmonary Function-Spirometry
▢ Holter Monitoring: 72 hrs	▢ Ambulatory Blood Pressure Monitoring [Non-OHIP]: 24 hrs
▢ Loop/Event Recorder: 7 days	▢ Ambulatory Blood Pressure Monitoring [Non-OHIP]: 48 hrs

CLINICAL INFORMATION

▢ Diabetes	▢ R/O White Coat HTN	▢ Dizziness	▢ Stroke	▢ Fatigue
▢ Shortness of breath	▢ Overweight/Obesity	▢ R/O CAD/IHD	▢ Light headed	▢ Weakness
▢ Chest Pain	▢ LVH	▢ CAD	▢ Heart murmur	▢ Leg swelling
▢ Chest discomfort	▢ Pre-syncope	▢ IHD	▢ Heart defect	▢ Rhythm Assessment
▢ Hypertension	▢ Syncope	▢ Post MI/CABG/PTCA	▢ Prosthetic valve	▢ Abnormal ECG
▢ Smoker	▢ Dyslipidemia	▢ CHF	▢ Emphysema/COPD	▢ Pacemaker
▢ Arrythmia	▢ Palpitations	▢ Other:		

PATIENT INSTRUCTIONS	APPOINTMENT
Stress Test: Wear comfortable walking shoes. **Do not** eat a heavy meal before testing. **Cardiology Consultation:** Bring all medications or a list of medications you are currently taking.	**DATE:** **TIME:**

*** PLEASE BRING HEALTH CARD ALONG WITH THIS REQUISITION FORM**

*** WE ALSO DO HOME SERVICES AS WELL**