

## Cardiovascular Referral Form

e-Referral is available via OCEAN e-referral Healthmap

Name (as it appears on Health Card):

Sex:  M  F Date of Birth:

Health Card #:

Version Code:

Address:

Telephone: Home:

Work:

Cell:

E-mail:

### Consultation

- General Cardiology  
 Cardiovascular Focused Internist  
 Vascular Risk Clinic  
 Cardio-renal clinic \*

### Consultation Urgency

- Routine: - all referrals are triaged by MD  
 Urgent \*\* In space provided, please indicate reasons for urgency

\* Alb/Cr ratio >3mg/mmol AND eGFR >45cc/min

\*\* please attach previous cardiac investigations/ consultations, and all other relevant reports

### Cardiac Diagnostic Testing

- Exercise Stress Test (Treadmill)     \* Cardiac Perfusion (performed at MMI)  
 Holter Monitor:  
     48/72-Hour     Treadmill  
     14-Day     Pharmacologic (with Persantine)  
 \*Echocardiogram (performed at MMI)

\*These tests are performed at



For Cardiac Stress Tests:     Continue Meds     Discontinue Meds (specify):

### Clinical Information/ medical history (a short clinical history is essential)

Referring Physician: Dr.

Address:

Fax:

Physician Number:

**Signature:**

CC Physician:

Fax:

Additional Care Provider:

Address/ Fax: