Congenital Cardiology Clinic Referral Form

Providing Fetal, Pediatric and Adult Congenital Cardiology Care

Tel: 647-545-4080 **Fax:** 647-494-8687 **Email:** admin@drsingla.ca

Dr. Mohit Singla, MD, FAAP, FACC
Medicine Professional Corporation
Pediatric & Adult Congenital Cardiologist
Department of Pediatrics, University of Toronto and McMaster University

Preferred Location ☐ **Brampton** ☐ **Newmarket** ☐ **Oakville** ☐ **First available**

Priority ☐ Routine ☐ Semi urgent < 4 weeks ☐ Urgent < 1 week
Semi urgent and urgent offered only in Brampton and Newmarket only.

Patient Information:

Name: _____ DOB (DD/MM/YYYY): _____
HCN: _____ Gender: Male_____ Female_____
Cell : _____ Address: _____

Referring Physician Information: Please inform patient if you have selected Urgent priority

Name: _____ Billing #: _____
Tel: _____ Fax: _____
Signature: _____ Date: _____

Reason for Cardiology Consult

- ☐ Murmur
- ☐ Chest Pain
- ☐ Palpitations/arrhythmia
- ☐ Syncope or Dizziness
- ☐ Dyspnea
- ☐ Hypertension
- ☐ Hyperlipidemia
- ☐ Marfan syndrome/ Dilated Aorta
- ☐ Sports Cardiology Screening
- ☐ Known or suspected congenital heart disease
- ☐ Family History
- ☐ POTS
- ☐ Cardiac genetics
- ☐ Other:_____

Reason for Fetal Cardiology Consult

Est. due date: _____Mandatory

- ☐ Diabetes
- ☐ IVF
- ☐ SLE/autoantibodies
- ☐ Hydrops
- ☐ Karyotype abnormality
- ☐ High BMI >35
- ☐ Extra-cardiac abnormality
- ☐ Twin or higher pregnancies
- ☐ Family history of congenital heart disease
- ☐ Suspected fetal arrhythmia or heart disease
- ☐ Limited cardiac assessment on anatomy scan
- ☐ Maternal exposure to teratogenic medications
- ☐ Two Vessel Cord
- ☐ Fetal NT >95%
- ☐ Other:_____

☑ Diagnostic procedure/s requested with consult:

- ☐ Echocardiogram
  - ☐ Fetal
  - ☐ Pediatric (<18 yrs)
  - ☐ Adult
- ☐ Stress test
- ☐ Holter
- ☐ 12 lead ECG
- ☐ Ambulatory BP monitor