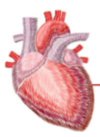
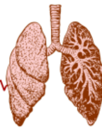


Mackenzie Clinic

www.mackenzieclinic.com



☐ **Sarnia Location**
168 Essex Street, Sarnia, N7T 4R9
Phone: (519) 337-7535
Fax: (519) 704-1620

☐ **London Location**
#103 - 450 Central Avenue, London, N6E 2E8
Phone: (519) 601-7535
Fax: (855) 538-5655

Date of referral: (yyyy/mm/dd) ☐ URGENT ☐ ROUTINE

PATIENT NAME: ☐ IN-PATIENT ☐ OUT-PATIENT

ADDRESS:
CITY:
POSTAL CODE:

HOME:
WORK:
CELL:

DOB (yyyy/mm/dd):

HEALTH CARD NUMBER: VERSION CODE:

REFERRED BY:
NAME: BILLING NUMBER:
ADDRESS:
TELEPHONE: FAX:

DIAGNOSIS/ REASON FOR REFERRAL: (Please attach any additional info)

REQUESTED SERVICES:
Consultation -
☐ General Cardiology ☐ Respirology ☐ Internal Medicine
☐ Cardiac Rehab ☐ Heart Failure

☐ Echocardiogram only (Bubble Study/Contrast may be added if technically required.)
☐ Stress EKG (Consult included)
☐ Stress Echo
☐ Holter Monitor ☐24-hour ☐48-hour ☐72-hour ☐14 days

☐ Pulmonary Function Study ☐ Post-Bronchodilator Test
☐ Spirometry Only
(Respiratory services at London site only)

Select one or more
INDICATION FOR ECHOCARDIOGRAM

☐Arrhythmias, Syncope and Palpitations
☐Before Cardioversion
☐Cardiac Masses
☐Cardio-Oncology (Chemo/Radiation)
☐Chest Pain and CAD
☐Congenital / Inherited Structural Disease
☐Dyspnea, Edema and Cardiomyopathy
☐Heart Murmur
☐Hypertension
☐Infective Endocarditis
☐Known or suspected Mitral Valve Prolapse
☐Native Valve Regurgitation
☐Native Valve Stenosis
☐Neurologic or Possible Embolic Event
☐Pericardial Disease
☐Pre or Post Intervention Assessment
☐Prosthetic Heart Valve
☐Pulmonary Disease
☐Suspected Structural Heart Disease
☐Thoracic Aortic Disease
☐Other: (describe)

Select one or more
INDICATION FOR PFTs

☐Asthma
☐COPD
☐Cough
☐Interstitial Lung Disease
☐Pulmonary Hypertension
☐Shortness of Breath
☐Wheeze
☐Other (describe)

____
Referring Physician's Signature

____
Date