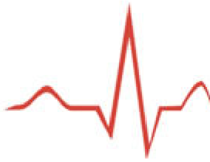

York Clinical Cardiology and Metabolism

9401 Jane Street Suite 117, Vaughan, Ontario L6A 4H7
Tel. 289.963.2273 Fax. 905.738.0032
www.yorkcardiology.ca

Patient First Name ____________________   Last Name ______________________________
Home # ______________________________   DOB (MM/DD/YY) ____________________
Cell # ________________________________   Address ________________________________
OHIP # ______________________________   ____

CONSULTATION (please provide clinical history below)

☐ With Dr. ________________   OR   ☐ First Available   ☐ URGENT

Please forward prior cardiology records, recent blood work, and any other relevant documents.

TESTING REQUESTED

- ☐ Echocardiogram ☐ with contrast
- ☐ Treadmill Exercise Tolerance Test
- ☐ Stress Echocardiogram ☐ with contrast
- ☐ 12-lead ECG
- ☐ 24-hour Ambulatory BP Monitor ($80)
- ☐ 24-hour Holter Monitor
- ☐ 48-hour Holter Monitor
- ☐ 72-hour Holter Monitor
- ☐ 14-day Holter Monitor
- ☐ 14-day Event Loop Recorder (ELR)

Indication (mandatory) ____
____
____

NUCLEAR IMAGING (arranged offsite)

- ☐ Treadmill Stress Perfusion Imaging
- ☐ Vasodialator Perfusion Imaging (with Persantine)
- ☐ Rest Thallium Viability Study
- ☐ Rest MUGA (for EF assessment)

Patient Height _________
Weight _________

VASCULAR (arranged offsite)

- ☐ Bilateral Carotid Duplex Imaging
- ☐ Arterial Duplex
  - ☐ Upper Extremeties (B) (R) (L)
  - ☐ Lower Extremeties (B) (R) (L)
  - ☐ Abdominal Aorta Only
- ☐ Venous Duplex
  - ☐ Upper Extremeties (B) (R) (L)
  - ☐ Lower Extremeties (B) (R) (L)
- ☐ Bilateral Renal Artery Duplex

Indication (mandatory) ____
____
____

CLINICAL HISTORY

____
____
____
____

Referring MD ______________________________   Billing # ______________________________
Phone ________________ Fax ________________   Physician Signature ____________________