York Clinical Cardiology

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www.yorkcardiology.ca

Patient First Name _____ Last Name _____
Home # _____ DOB (MM/DD/YY) _____
Cell # _____ Address _____
OHIP# _____ _____

CONSULTATION (please complete clinical history section below)

☐ With Dr. Weinstock
☐ With Dr. Kaplin
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)
☐ ABI (Ankle-Brachial Index)

Indication (mandatory) _____

_____

_____ ☐ PLEASE ARRANGE CONSULTATION IF ABNORMAL

NUCLEAR IMAGING (arranged offsite)

☐ Treadmill Stress Perfusion Imaging
☐ Vasodialator Perfusion Imaging (with Persantine)

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 _____ Referral Date _____

Phone _____ Fax _____ Billing # _____