



# Congenital Cardiology Clinic Referral Form

## Providing Fetal, Pediatric and Adult Congenital Cardiology Care

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**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 available in Brampton and Newmarket.

### 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
- ☐ SLE/autoantibodies      IVF
- ☐ Twin or higher pregnancies      ☐ Hydrops
- ☐ Two Vessel Cord      ☐ High BMI >35
- ☐ Limited cardiac images
- ☐ Exposure to teratogenic medications
- ☐ Family history of congenital heart disease \*
- ☐ Suspected fetal arrhythmia or heart disease \*
- ☐ Genetic abnormality \*
- ☐ Extra-cardiac abnormality \*
- ☐ Fetal NT >95% \*

**\* Eligible for Early fetal echo (12-18 weeks)**

### ☒ Diagnostic procedure/s requested with consult:

<input type="checkbox"/> Echocardiogram :	<input type="checkbox"/> Early fetal echo (12-18 wks)*	<input type="checkbox"/> 12 lead ECG	<input type="checkbox"/> Ambulatory BP monitor
	<input type="checkbox"/> Fetal (>18 wks)	<input type="checkbox"/> Holter	<input type="checkbox"/> Tilt Table Test
	<input type="checkbox"/> Pediatric (<18 yrs)	<input type="checkbox"/> Exercise ECG	
	<input type="checkbox"/> Adult		