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<p>For Patients:</p> <p>Contrast Echocardiogram: This test takes 45 minutes to 1 hour, and you will have an intravenous inserted into your arm. No special preparation is required.</p> <p>*Bring a current list of any medications you are taking.</p> <p>Exercise Stress Echocardiogram: This test takes 45 minutes to 1 hour. No special preparation is required.</p> <p>*Bring a current list of medications you are taking.</p> <p>*Wear loose fitting, comfortable clothing and running shoes.</p> <p>Holter Monitoring: This test takes 15 minutes for Holter hookup. You may be required to wear the monitor anywhere from 24 hours to 14 days.</p> <p>*Wear a loose-fitting top. *You cannot shower with the monitor on or get the monitor wet. *We recommend you shower prior to coming. *Refrain from wearing lotions or perfumes.</p>	Patient Demographics
<p>Last Name: _____ First Name: _____</p> <p>DOB: _____ HCN: _____ Version Code: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Address: _____</p> <p>Phone: _____ Cell: _____ Email: _____</p> <p>Alternate Contact Name: _____ Phone: _____</p>	<input type="checkbox"/> URGENT
<p>Referring Physician</p> <p>Referred By: _____ Billing: _____</p> <p>Telephone: _____ Fax: _____</p> <p>Signature: _____ Address: _____</p>	Procedure
<p><input type="checkbox"/> Cardiology Consultation</p> <p><input type="checkbox"/> Internal Medicine Consultation</p> <p><input type="checkbox"/> Echocardiography</p> <p><input type="checkbox"/> Stress Echocardiogram</p>	<p><input type="checkbox"/> ECG</p> <p><input type="checkbox"/> Exercise Stress Test (GXT)</p> <p><input type="checkbox"/> Holter Monitoring <input type="checkbox"/> 48 Hours <input type="checkbox"/> 72 Hours</p> <p><input type="checkbox"/> Ambulatory Blood Pressure Test (fee \$75)</p>
Reason For Referral	Risk Factors
<p><input type="checkbox"/> Abnormal ECG</p> <p><input type="checkbox"/> Arrhythmia</p> <p><input type="checkbox"/> CAD Assessment</p> <p><input type="checkbox"/> Chest Pain</p> <p><input type="checkbox"/> Hypertension</p> <p><input type="checkbox"/> High Risk Factors</p> <p><input type="checkbox"/> Pericardial Effusion</p> <p><input type="checkbox"/> Dyspnea</p> <p><input type="checkbox"/> OTHER: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> AGE</p> <p><input type="checkbox"/> FAMILY HISTORY</p> <p><input type="checkbox"/> DIABETES</p> <p><input type="checkbox"/> SMOKING HISTORY</p> <p><input type="checkbox"/> OBESITY</p> <p><input type="checkbox"/> HYPERTENSION</p> <p><input type="checkbox"/> DYSLIPIDEMIA</p> <p><input type="checkbox"/> POOR DIET</p> <p><input type="checkbox"/> HIGH STRESS</p> <p><input type="checkbox"/> OTHER: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Please note that late cancellation or no-show fees may apply.