



370 BAYVIEW DRIVE, SUITE 126
 BARRIE, ON
 L4N 7L3
 TEL: 705-915-1222
 FAX: 705-737-2373
 WWW.BARRIECARDIAC.CA

PATIENT INFORMATION

M F OTH

NAME: _____

TEL #: _____

DOB: _____

ADDR: _____

HCN: _____

CARDIOLOGY CONSULTATION

- URGENT (1-2 WEEKS)
- ROUTINE
 - FIRST AVAILABLE
 - DR. P. YAZDAN-ASHOORI
 - DR. B. DEIF

REASON FOR CONSULTATION

- CHEST PAIN
- DYSPNEA
- PALPITATIONS
- SYNCOPE
- HEART FAILURE
- MURMUR
- CARDIAC RISK FACTORS
- ABNORMAL CARDIAC TESTING
- OTHER

DIAGNOSTIC TESTING

- CONSULTATION IF ABNORMAL
- ECHOCARDIOGRAM CONTRAST BUBBLE
- 12-LEAD ECG
- STRESS TEST
- STRESS ECHOCARDIOGRAM
- HOLTER 72 HR 2 WEEK
- ABPM (\$70)

REASON FOR TESTING

STRESS TEST

- CHEST PAIN/ISCHEMIA EVALUATION
- PALPITATIONS/ARRHYTHMIA EVALUATION
- SCREENING/CV RISK FACTORS
- RESPONSE MONITORING

ECHOCARDIOGRAM

- MURMUR
- SUSPECTED VALVULAR DISEASE
- CHEST PAIN
- HYPERTENSION
- THORACIC AORTIC DISEASE

- SUSPECTED HEART FAILURE
- PRE-PROCEDURE
- PULMONARY DISEASE/HYPERTENSION
- ARRHYTHMIA SYNDROME
- NEUROLOGICAL EVENT

HOLTER

- PALPITATIONS
- SYNCOPE
- STROKE
- SUSPECTED DYSRHYTHMIA

OTHER: _____

REFERRING PRACTITIONER

DATE OF REQUEST: _____

NAME: _____

SIGNATURE: _____

BILLING #: _____

ALL CONSULTS AND TESTING WILL BE TRIAGED
 AND A CONFIRMATION MESSAGE WILL BE SENT
 WITH AN APPOINTMENT DATE AND TIME