



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)

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## 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