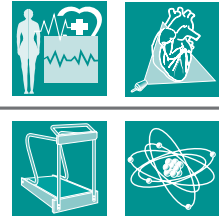




Ottawa Cardiovascular Centre



Patient Name: _____	Date of Birth: _____ /month: _____ /year: _____
Address: _____	
Phone number: _____	OHIP: _____
Referring Physician: _____	OHIP Billing Number: _____

Consultation

- Urgency: Days Weeks Elective
- Cardiologist Internist Endocrinologist Pediatric Cardiologist
- Specific MD: _____ Earliest Available

Programs

- EECF® (*Enhanced External CounterPulsation for Refractory Angina*)
- EMERALD (*Weight Management*) AMETHYST (*Hypertension*)

Coming Soon: DIAMOND (*Nephro Protection*), GOLD (*Glucose Optimization*), PLATINUM (*Cardiovascular Management*)

Investigation

- Exercise Stress Testing
- Echo/doppler
- Holter Monitor
- Ambulatory BP Monitor (*not covered by OHIP*)
- Cardiac Loop Recorder

Nuclear Cardiology

- Exercise Myocardial Perfusion Study
- Persantine Myocardial Perfusion Study
(*Persantine testing contraindicated in asthmatics*)
- Nuclear Wall Motion Study

Indication

- Chest Pain
- Dyspnea
- Palpitation
- Ischemia
- Syncope
- CHF
- Murmur
- LV Function
- Rule out source of embolism
- Other: _____

Medical History

Details: _____

- Infarct: _____ Cardiac Cath: _____ PTCA: _____ CABG: _____
- Medications: _____

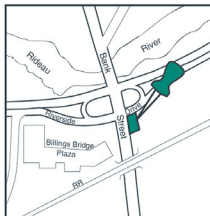
Risk Factors

- Hypertension Smoking DM Family History CAD
- Hyperlipidemia: TC: _____ TG: _____ HDL: _____ LDL: _____

Physician's Signature: _____ Date: _____ /month: _____ /year: _____

Ottawa Cardiovascular Centre

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Ottawa, Canada K1H 8K7
Tel: 613-738-0088
Fax: 613-738-9097



Ottawa Cardiovascular Centre East

204-595 Montreal Road
Ottawa, Canada K1K 4L2
Tel: 613-749-5421
Fax: 613-749-6621

www.ottawacvcentre.com
www.cvtoolbox.com

Appointment Date: _____ **Time:** _____