Patient's Name:

OHIP:

DOB (mm/dd/yyyy): _____

Semi-Urgent



502-1355 Bank Street, Ottawa, ON K1H 8K7 T 613-738-1584 F 613-738-9097

Elective

		Т		

Cardiologists

Dr. Preeti Anand

Dr. Chamoun Chamoun

Dr. John Dawdy

Dr. John Fulop

Dr. Howard Lee

Dr. Yingwei Liu

Dr. Rob Maranda

Dr. Brendan Quinn

Dr. Fraz Umar

Cardiovascular focused Internist

Dr. Alain Baldo

Dr. Jodi Heshka

Dr. Binny Kuriakose

Dr. Rachel Green

Pediatric Cardiologist

Dr. Victoria Gelt

Dr. Angela Seshadri

Endocrinologist

Dr.Dora Liu

URGENCY

Cell Number: ___

Home Number: __

Other Number: _____

Address:

First Available

CONSULTATION

Cardiologist
Cardiovascular focused Internist

Pediatric Cardiologist Endocrinologist

CARDIAC TESTING

Stress Tests:

Exercise Stress Test (Treadmill)

Exercise Stress Echo (Treadmill)

Treadmill Exercise Myocardial Perfusion Imaging

Persantine Myocardial Perfusion Imaging (Persantine testing contraindicated in asthmatics)

Monitoring:

Reason for Referral:

Holter Monitor 2d 3d 14d

Event/Loop Recorder 14 days Ambulatory BP Monitor

Cardiac Structure:

Echo/Doppler

INDICATION

Chest pain

Ischaemia Assessment

Dyspnea

Palpitation/Arrhythmia

Atrial Fibrillation
Syncope/Dizziness

Murmur

Mulliul

F/U Valvular Heart Disease

F/U Prosthetic Valve

Heart Failure/LV Function Pulmonary Hypertension

TIA/Cardiac Workup

F/U Pericardial Disease

* Please note that Ottawa Cardiovascular Centre	will arrange appropriate diagnostic testing prior to consultation on
your behalf, as required-unless it has been done	recently.

Medical History Details:						
Medication:						
Risk Factors	Hypertension	Dyslipidemia	Diabetes	Smoking	Family History CAD	
					Tel:	
		Date:		- Fax:		

Chest Pain Assessment Algorithm

