McMaster University

St. Joseph's Healthcare Hamilton

CARDIOLOGY SERVICES

Telephone: 905-521-6082
Fax: 905-521-6086

50 Charlton Avenue East
Martha Level 0 - Hamilton, ON L8N 4A6

LAST NAME:	FIRST NAME:
ADDRESS:	
CITY/PROV:	POSTAL CODE:
PHONE: DAY:	EVENING:
DATE OF BIRTH (YYYY/MM/DD):	Male ❑ Female ❑
HEALTH CARD NUMBER:	
HEIGHT (cm):	WEIGHT (kg):

GENERAL CARDIOLOGY CONSULTATION REQUIRED?
(please tick all applicable boxes)
❑ **YES**

Please indicate consult and/or test urgency:
❑ **< 14 DAYS**
❑ **2 – 6 WEEKS**
❑ **ELECTIVE**

Patient's history/Reason for referral:

CARDIOLOGY

❑ **ECG**
❑ **24 hr Holter Recording**
❑ **48 hr Holter Recording**
❑ **7 day Holter Recording**
❑ **14 day Holter Recording**
❑ **24 hr Ambulatory Blood Pressure Monitor ($40)**
❑ **Transthoracic Echocardiogram**
❑ **Transthoracic Echocardiogram with Agitated Saline**
❑ **Transesophageal Echocardiogram**
❑ **Treadmill Exercise Stress Testing**

NUCLEAR CARDIOLOGY

❑ **EXERCISE MIBI - Myocardial Perfusion Imaging Technetium99**

❑ **PERSANTINE/DOBUTAMINE Cardiac PET Perfusion Rubidium 82 – (lower radiation, higher sensitivity/specificity, calcium score provided)**

REFERRING PHYSICIAN
Printed Name: _____
Signature: _____
Date (yyyy/mm/dd): _____
Copies of report to: _____

If patient on a beta blocker, calcium channel blocker or digoxin. Are these to be discontinued 48 hr prior to stress test? YES ❑ NO ❑
Is patient diabetic? YES ❑ NO ❑

If you receive this fax in error, please contact the sender or the St. Joseph's Privacy Office (905) 522-1155, Ext. 35088