



# Ottawa Cardiovascular Centre



502-1355 Bank Street, Ottawa, Canada K1H 8K7  
Tel: 613-738-1584 Fax: 613-738-9097



<b>Name:</b> _____		<b>Referring Physician:</b> _____
<b>Address:</b> _____		<b>Copy to:</b> _____
_____		<b>OHIP Number:</b> _____
<b>Telephone:</b> _____	<b>DOB (d/m/y):</b> _____	<b>OHIP Billing Number:</b> _____

### Consultation

- Cardiologist**   
  **CV-Focused Internist**   
  **Pediatric Cardiologist**  
 **Post PCI Clinic**   
  **Post STEMI follow-up**   
  **Endocrinologist**

### Urgency

- Days**   
  **Weeks**   
  **Elective**  
 **First Available**

### OCC Cardiologists

- Dr. Chamoun Chamoun   
  Dr. Rob Maranda   
  Dr. Howard Lee  
 Dr. John Dawdy   
  Dr. Joel Niznick   
  Dr. Angela Seshadri  
 Dr. John Fulop   
  Dr. Brendan Quinn   
 (Pediatric Cardiology)

### OCC Cardiovascular Focused Internists

- Dr. Alain Baldo   
  Dr. Binny Kuriakose  
 Dr. Dan Boivin   
  Dr. Dora Liu  
 Dr. Sanjeev Chander   
 (Endocrinology)  
 Dr. Jodi Heshka

### Non-Invasive Investigation

- Exercise Stress Test (Treadmill)**  
 **Echo/Doppler**  
 **Exercise Stress Echo (Treadmill)**  
 **Holter Monitor**  
 **Ambulatory BP Monitor (not covered by OHIP)**  
**Cardiac Loop Recorder**   
 **2 week**   
 **4 week**

### Indication

- Chest pain  
 Ischaemia Assessment  
 Dyspnea  
 Palpitation  
 Atrial Fibrillation  
 Syncope  
 Murmur  
 F/U Valvular Heart Disease  
 F/U Prosthetic Valve  
 Heart Failure  
 LV Function  
 TIA/Stroke Workup  
 F/U Pericardial Disease

### Suggested Appropriate Investigation

- As per Ischaemia algorithm*  
*As per Ischaemia algorithm*  
 Echocardiogram / Ischaemia algorithm  
 Echocardiogram   
 Holter monitor or   
 Loop  
 Echocardiogram   
 Holter monitor or   
 Loop  
 Echocardiogram   
 Holter monitor or   
 Loop  
 Echocardiogram  
 Echocardiogram  
 Echocardiogram   
 Nuclear Wall Motion Study  
 Echocardiogram   
 Nuclear Wall Motion Study  
 Echocardiogram   
 Holter monitor or   
 Loop  
 Echocardiogram

**\* Please note that the 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:

- Infarct:** \_\_\_\_\_   
 **Cardiac Cath:** \_\_\_\_\_   
 **PTCA:** \_\_\_\_\_   
 **CABG:** \_\_\_\_\_  
 **Medications:** \_\_\_\_\_

### Risk Factors

- Hypertension**   
 **Smoking**   
 **DM: Glucose:** \_\_\_\_\_   
**A1C:** \_\_\_\_\_   
 **Family History CAD**  
 **Hyperlipidemia: TC:** \_\_\_\_\_   
**TG:** \_\_\_\_\_   
**HDL:** \_\_\_\_\_   
**LDL:** \_\_\_\_\_   
**TC/HDL:** \_\_\_\_\_   
**ACR:** \_\_\_\_\_   
**hsCRP:** \_\_\_\_\_   
**TSH:** \_\_\_\_\_

<b>Physician's Signature:</b> _____	<b>Date:</b> _____
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