



Ottawa Cardiovascular Centre

Cardiovascular Excellence since 1987



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

Consultation	Urgency
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<input type="radio"/> Cardiologist <input type="radio"/> Pediatric Cardiologist <input type="radio"/> CV-Focused Internist <input type="radio"/> Endocrinologist <input type="radio"/> Specific MD: _____	<input type="radio"/> Days <input type="radio"/> Weeks <input type="radio"/> Elective
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OCC Cardiologists	OCC Cardiovascular Focused Internists
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- | | | |
|--|---|---|
| <input type="radio"/> Dr. Chamoun Chamoun <input type="radio"/> Dr. Samir Hazra
<input type="radio"/> Dr. John Dawdy <input type="radio"/> Dr. Rob Maranda
<input type="radio"/> Dr. John Fulop <input type="radio"/> Dr. Joel Niznick
<input type="radio"/> Dr. Nassoh Hafez <input type="radio"/> Dr. Brendan Quinn | <input type="radio"/> Dr. Nina Ghosh
(CardioOncology)
<input type="radio"/> Dr. Angela Seshadri
(Pediatric Cardiology) | <input type="radio"/> Dr. Alain Baldo <input type="radio"/> Dr. Binny Kuriakose
<input type="radio"/> Dr. Dan Boivin <input type="radio"/> Dr. Dora Liu
(Endocrinology)
<input type="radio"/> Dr. Sanjeev Chander
<input type="radio"/> Dr. Jodi Heshka <input type="radio"/> Dr. Carolyn Tharson |
|--|---|---|

Non-Invasive Investigation	Indication	Suggested Appropriate Investigation
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<input type="radio"/> Exercise Stress Test (Treadmill)	<input type="radio"/> Chest pain	<i>As per Ischaemia algorithm</i>
<input type="radio"/> Echo/Doppler	<input type="radio"/> Ischaemia Assessment	<i>As per Ischaemia algorithm</i>
<input type="radio"/> Exercise Stress Echo (Treadmill)	<input type="radio"/> Dyspnea	<input type="radio"/> Echocardiogram / Ischaemia algorithm
<input type="radio"/> Holter Monitor	<input type="radio"/> Palpitation	<input type="radio"/> Echocardiogram <input type="radio"/> Holter monitor or <input type="radio"/> Loop
<input type="radio"/> Ambulatory BP Monitor (not covered by OHIP)	<input type="radio"/> Atrial Fibrillation	<input type="radio"/> Echocardiogram <input type="radio"/> Holter monitor or <input type="radio"/> Loop
Cardiac Loop Recorder <input type="radio"/> 2 week <input type="radio"/> 4 week	<input type="radio"/> Syncope	<input type="radio"/> Echocardiogram <input type="radio"/> Holter monitor or <input type="radio"/> Loop
	<input type="radio"/> Murmur	<input type="radio"/> Echocardiogram
	<input type="radio"/> F/U Valvular Heart Disease	<input type="radio"/> Echocardiogram
	<input type="radio"/> F/U Prosthetic Valve	<input type="radio"/> Echocardiogram
	<input type="radio"/> Heart Failure	<input type="radio"/> Echocardiogram <input type="radio"/> Nuclear Wall Motion Study
	<input type="radio"/> LV Function	<input type="radio"/> Echocardiogram <input type="radio"/> Nuclear Wall Motion Study
	<input type="radio"/> TIA/Stroke Workup	<input type="radio"/> Echocardiogram <input type="radio"/> Holter monitor or <input type="radio"/> Loop
	<input type="radio"/> Follow-up Pericardial Disease	<input type="radio"/> 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: _____

Physician's Signature: _____ **Date:** _____



Name / Nom : _____	DOB (d/m/y) / Date de naissance (j/m/a) : _____
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_____	Copy to / Copie à : _____
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Cardiology / Consultation cardiologie

- Specific MD / Médecin spécifique : _____
 - Cardiologist / Cardiovascular-Focused Internist / Cardiologue
 - Pediatric Cardiologist / Cardiologue pédiatrique
- Priority / Priorité** Routine Urgent

Stress Tests / Examens diagnostiques

- Exercise Stress Test / Épreuve d'effort cardiaque
- Myocardial Perfusion with Treadmill / Perfusion myocardique au tapis roulant
- Myocardial Perfusion with persantine (no exercise) / Perfusion myocardique au persantin (sans excise)

Cardiac Structure & Function Assessment / Structure Cardiaque et évaluation fonctionnelle

- Echocardiogram / Échocardiogramme
- MUGA scan (Cardiac Gated blood pool study) / Ventriculographie isotopique

Monitoring / surveillance

- Holter Monitor / Moniteur Holter 48hrs
- Loop Montor 2 weeks / Moniteur loop 2 semaines

Clinical Information / Renseignements cliniques

Medical History / Antécédents médicaux : _____

Medications / Médicaments : _____

Risk Factors / Facteurs de risque : _____

Physician's Signature: _____ **Date:** _____