



Cambridge Cardiac Care Centre

Prevention • Detection • Therapy

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www.cambridgecardiaccare.com

OUTPATIENT CARDIOLOGY ASSESSMENT AND CARDIAC DIAGNOSTIC TESTING REFERRAL FORM

REQUEST DATE		PATIENT INFORMATION					
PATIENT NAME							
DATE OF BIRTH							
ADDRESS							
PREFERRED PHONE NUMBER							
ALT PHONE NUMBER							
EMAIL							
HEALTH CARD NUMBER							
GENDER		PRONOUNS		HEIGHT	CM	WEIGHT	KGS

INDICATION	
INDICATION FOR REFERRAL	

ADULT AND PEDIATRIC CARDIAC DIAGNOSTIC TESTING					
PLEASE INCLUDE ANY PREVIOUS TESTING AND PROBLEM LISTS					
2-D ECHOCARDIOGRAM		HOLTER MONITOR			
ADULT STRESS ECHOCARDIOGRAM		24 HOUR		48 HOUR	
ADULT TREADMILL STRESS TEST		72 HOUR		14 DAY	
12 LEAD ECG		AMBULATORY BLOOD PRESSURE MONITOR (\$65 FEE) **			
CLINIC OPTIONS					
ADULT CARDIOLOGY CONSULTATION		RAPID ACCESS CHF CLINIC			
RAPID ACCESS AFIB CLINIC		ASCVD RISK OPTIMIZATION CLINIC			
RAPID ACCESS CHEST PAIN CLINIC		FABRY'S/AMYLOID/LVH CLINIC			
CARDIAC REHABILITATION INDICATION:					

REFERRING PHYSICIAN INFORMATION (REQUIRED)				
REFERRAL PHYSICIAN		BILLING NUMBER		
SIGNATURE		CPSO NUMBER		
FAX NUMBER		DO YOU RECEIVE REPORTS VIA HRM?	YES	NO
COPIES TO				

**This test is not covered by OHIP- there is a charge to the patient. Some drug plans cover this test