



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