

Access to Value-Driven Cardiac Consultative and Investigative Expertise

Achieve health harmony through defining human care.

TIME SENSITIVE COMMUNICATION

Timely patient access for referrals from ER/UCC, community/rural clinics.

Timely notification of appointments and communication of consultation and test reports.

COMMITTED TO THE WHOLE PATIENT

Outcomes/data -guided consultation and testing.

Focused on measuring and modifying impact of social drivers of heart health.

A TEAM OF COMPASSIONATE EXPERTS

Upstream patient engagement to reduce CV related ER visits/hospitalization.

Value-added consultation and test interpretation, clinical advice and expedited management.

PATIENT INFORMATION (place label, if applicable)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: MM/DD/YYYY  M  F  Other \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ / \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Mobile: \_\_\_\_\_

PHN: \_\_\_\_\_ Province: \_\_\_\_\_

Ht: \_\_\_\_\_

Wt: \_\_\_\_\_

Email: \_\_\_\_\_

REASON FOR REFERRAL

First available Provider (consider for New or Urgent)

Specific Provider \_\_\_\_\_

- Chest Discomfort/Pain
- Shortness of Breath
- Syncope
- Palpitations

- Abnormal ECG
- Atrial Fibrillation/Flutter
- Risk Stratification (Upstream intervention)
- Other \_\_\_\_\_

- Stress test
- MPI Stress test
- Echocardiogram
- ECG- Electrocardiogram

PERTINENT HEALTH CONDITIONS AND ADDITIONAL INFORMATION

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

To my knowledge, this is a repeat visit to the ER/UCC/Clinic for same/similar problem.

REFERRING HEALTH PROFESSIONAL

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

PRACID: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date: MM/DD/YYYY

- ER
- Urgent Care Centre
- Community Clinic