C·health is now WELL Health | DIAGNOSTIC CENTRES

☐ **Airdrie**
217 Centre Ave SW, Unit 101
Airdrie, AB T4B 3L8
Tel: (403) 705-3636
Fax: (403) 705-2636

☐ **Calgary Cardiology**
1016 68 Ave SW, Suite 210 & 250
Calgary, AB T2V 4J2
Tel: (403) 541-0033
Fax: (403) 541-0032

☐ **Calgary Endocrinology**
1016 68 Ave SW, Suite 240
Calgary, AB T2V 4J2
Tel: (403) 705-3636
Fax: (403) 705-2636

CARDIOLOGY, RESPIROLOGY & ENDOCRINOLOGY REQUISITION

PATIENT INFORMATION (attach patient label)

Patient Name: _____ ☐ M ☐ F
ULI: _____ DOB: _____
Address: _____ Postal Code: _____
City, Province: _____ Phone: _____
Email: _____

REFERRING PHYSICIAN INFORMATION

Physician Name: _____
Practice ID: _____
Clinic Name: _____
Clinic Address: _____
Phone: _____ Fax: _____

☐ **URGENT TESTING REQUESTED**

Medical History & Notes *(For cardiac stress testing, please note any patient respiratory or mobility concerns below):*

Pre-test Probability of CAD: ☐ Low ☐ Intermediate ☐ High

Is your patient currently taking any: ☐ Beta Blockers ☐ Calcium Channel Blockers ☐ N/A

CLINICAL SERVICES

☐ Cardiovascular Assessment & Consultation
Provided by Internist and/or Cardiologist based on patient complexity

CARDIOMETABOLIC ASSESSMENT

☐ Risk Assessment
☐ Chest Pain
☐ Shortness of Breath
☐ Other: _____
☐ Syncope
☐ Abnormal ECG
☐ Atrial Fibrillation

GENERAL ENDOCRINOLOGY

For triage of referrals please select from the following:

☐ Adrenal
☐ Bariatric Matters/Obesity
☐ Calcium/Parathyroid
☐ Diabetes Management
☐ Dyslipidemia
☐ Hypertension
☐ Other: _____
☐ Osteoporosis
☐ Pituitary
☐ Reproductive - Female
☐ Reproductive - Male
☐ Thyroid Disorder

CARDIAC DIAGNOSTIC SERVICES

☐ Nuclear Cardiology Studies
MUST include recent ECG
☐ Exercise Stress Test
MUST include recent ECG
☐ ECG
☐ Holter Monitor
  ☐ 48 hour
  ☐ Other: _____
☐ ABPM (24 hour)
☐ Echocardiogram (including GLS)

RESPIROLOGY SERVICES

☐ Pulmonary Function Test (PFT)
  ☐ Include Smoking Cessation
  ☐ Include Medication/Inhaler Education & Review
☐ Spirometry Only

Referring Physician Signature: _____
Date of Referral: _____

For more information, visit **WELLdiagnostics.ca**