

CARDIOLOGY, RESPIROLOGY & ENDOCRINOLOGY REQUISITION

PATIENT INFORMATION (attach patient label)

Patient Name: _____	<input type="checkbox"/> M <input type="checkbox"/> F
ULL: _____	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 <i>(For cardiac stress testing, please note any patient respiratory or mobility concerns below):</i>
Pre-test Probability of CAD: <input type="checkbox"/> Low <input type="checkbox"/> Intermediate <input type="checkbox"/> High
Is your patient currently taking any: <input type="checkbox"/> Beta Blockers <input type="checkbox"/> Calcium Channel Blockers <input type="checkbox"/> N/A

CLINICAL SERVICES

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

CARDIOMETABOLIC ASSESSMENT

- | | |
|--|--|
| <input type="checkbox"/> Risk Assessment | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Abnormal ECG |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Atrial Fibrillation |
| <input type="checkbox"/> Other: _____ | |

GENERAL ENDOCRINOLOGY

For triage of referrals please select from the following:

- | | |
|--|--|
| <input type="checkbox"/> Adrenal | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Bariatric Matters/Obesity | <input type="checkbox"/> Pituitary |
| <input type="checkbox"/> Calcium/Parathyroid | <input type="checkbox"/> Reproductive - Female |
| <input type="checkbox"/> Diabetes Management | <input type="checkbox"/> Reproductive - Male |
| <input type="checkbox"/> Dyslipidemia | <input type="checkbox"/> Thyroid Disorder |
| <input type="checkbox"/> Hypertension | |
| <input type="checkbox"/> Other: _____ | |

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: _____