



Phone: 416-286-4442

Fax: 866-485-1171

- ☐ 1333 Neilson Road, Unit 225, Scarborough, ON, M1B 4Y9
- ☐ 1980 St. Clair Avenue West, Unit 203, Toronto, ON, M6N 0A3
- ☐ 440 Browns Line, Etobicoke, ON, M8W 3T9
- ☐ 2200 Dundas Street East, Unit 4A, Mississauga, ON, L4X 2V3
- ☐ 348 Bronte Street South, Unit 16, Milton, ON, L9T 0H7
- ☐ 505 Rymal Road East, Hamilton, ON, L8W 3X1

| PATIENT INFORMATION | REFERRING PHYSICIAN |
|---------------------|---------------------|
| Name: | Name: |
| Phone: | Address: |
| Health Card: | Billing Number: |
| Date of Birth: | Phone: |
| Address: | Fax: |

Fax along with relevant reports to (866) 485-1171.

Patient with completed requisition may call (416) 286-4442 to schedule an appointment.

| PRIORITY: <input type="checkbox"/> Routine <input type="checkbox"/> Urgent | |
|---|---|
| <input type="checkbox"/> Cardiac Consultation | <input type="checkbox"/> First Available <input type="checkbox"/> Dr. _____ |
| <input type="checkbox"/> Echocardiogram | <input type="checkbox"/> Stress Echocardiogram |
| <input type="checkbox"/> Treadmill Stress Test (TMST) | <input type="checkbox"/> Ambulatory BP Monitoring (ABPM) |
| <input type="checkbox"/> Holter Monitor: <input type="checkbox"/> 72hr <input type="checkbox"/> 14 days | <input type="checkbox"/> ECG |
| <input type="checkbox"/> Cardiac Consultation (for abnormal results only) | |

| CLINICAL INFORMATION (mark as applicable) | |
|---|--|
| <input type="checkbox"/> Chest Pain / CAD / MI / Angina | <input type="checkbox"/> LV Function Assessment |
| <input type="checkbox"/> Dizziness / Palpitation / Syncope / Stroke | <input type="checkbox"/> Structural Heart Disease |
| <input type="checkbox"/> Heart Murmur / Valvular Heart Disease | <input type="checkbox"/> Evaluation of Stable CAD |
| <input type="checkbox"/> Shortness of Breath / Fatigue / Low Energy | <input type="checkbox"/> Prosthetic Heart Valves |
| <input type="checkbox"/> Leg Swelling / Heart Failure | <input type="checkbox"/> Possible Infective Endocarditis |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Pericardial Disease |
| <input type="checkbox"/> Other: _____ | |

Tel: (416) 286-4442

Fax: (866) 485-1171

Email: info@hhcentre.ca

Regular Hours:

Monday to Friday – 9 am to 5 pm

(Evening / Saturday appointments available)

Patients need to bring all medications being taken and their OHIP card for all appointments.