



Pediatric Cardiology Referral

- ☐ 520 Ellesmere Rd, Unit 604, Toronto M1R 0B1
- ☐ 1333 Neilson Rd, Unit 225, Scarborough M1B 4Y9
- ☐ 440 Browns Line, Etobicoke M8W 3T9
- ☐ 1980 St. Clair Ave W, Unit 203, Toronto M6N 0A3
- ☐ 945 Peter Robertson Blvd, Unit 4, Brampton L6R 2R6
- ☐ 505 Rymal Rd E, Hamilton L8W 1B3
- ☐ 10 Lower Jarvis St, Toronto M5E 1Z2 (Affiliated)
- ☐ 1055 Canadian Pl #113, Mississauga L4W 0C2 (Affiliated)

To book an appointment call: 416-286-4442

FAX COMPLETED FORM TO
1.866.485.1171

PATIENT INFORMATION

Name

DOB (yyyy/mm/dd) / / Gender ☐ M ☐ F

Health Card # Ver

Parent / Guardian

Contact Phones - -

Address

REFERRING PHYSICIAN

Name

Billing # Date (yyyy/mm/dd) / /

Address

Phone - - Fax - -

PRIORITY ☐ Routine ☐ Urgent

REQUESTED SERVICE

☐ Cardiac Consultation ☐ Echocardiogram ☐ ECG ☐ Treadmill Stress Test (TMST) ☐ Holter ☐ 24 hr ☐ 48 hr

REASON FOR REFERRAL *Check all that apply*

☐ Heart Murmur / Abnormal Heart Sounds	☐ Known / Suspected Congenital Heart Disease	☐ Chest Pain
☐ Palpitations / Suspected Arrhythmia	☐ Syncope / Presyncope / Dizziness	☐ SOB / Exercise Intolerance
☐ Cyanosis / Low O2 Saturation	☐ Poor Feeding / Sweating with Feeds / Poor Weight Gain	☐ Hypertension
☐ Kawasaki / Coronary Assessment	☐ Abnormal ECG / Echocardiogram	☐ Post-Operative / Repair Follow-Up
☐ Family Hx CHD / Cardiomyopathy	☐ Genetic Syndrome (T21, 22q11, Turner, Marfan)	☐ Inherited Arrhythmia / Channelopathy
☐ Abnormal Prenatal / Fetal Cardiac Imaging	Other	

MEASUREMENTS / VITALS *If available*

Weight kg Height cm HR bpm RR /min BP mmHg O2 Sat %

REPORTS ATTACHED

☐ ECG ☐ Echo ☐ Holter ☐ Bloodwork ☐ CXR / Imaging ☐ Consult / ER Notes ☐ Growth Chart

CLINICAL DETAILS

SECTION 2 · INFANT TRIAGE *Required for age < 3 months*

Refer to ER for Acute Illness

Femoral Pulses Palpable? ☐ Yes ☐ No Pedal Pulses Palpable? ☐ Yes ☐ No Date of Findings / /

4-Limb BP (mmHg) RA LA RL LL

O2 Sat Pre-Ductal (Right Hand) % Post-Ductal (Either Foot) % CCHD Screen ☐ Pass ☐ Fail ☐ Not Done

Birth Weight kg Current Weight kg Gestational Age weeks

Tel: (416) 286-4442

Fax: (866) 485-1171

Email: info@hhcentre.ca

Please bring the child's health card to every appointment.

CONFIDENTIAL: This transmission contains personal health information under PHIPA. If received in error, notify (416) 286-4442 immediately and destroy all copies.