



- ☐ 1333 Neilson Road, Unit 225
Scarborough, ON, M1B 4Y9
- ☐ 520 Ellesmere Road, Unit 604
Toronto, ON, M1R 0B1
- ☐ 1980 St. Clair Avenue West, Unit 203
Toronto, ON, M6N 0A3
- ☐ 440 Browns Line
Etobicoke, ON, M8W 3T9
- ☐ 945 Peter Robertson Blvd, Unit 4
Brampton, ON, L6R 2R6
- ☐ 505 Rymal Road East
Hamilton, ON, L8W 3X1
- ☐ 10 Lower Jarvis St
Toronto, ON, M5E 1Z2 (Affiliated Site)
- ☐ 1055 Canadian Pl, #113
Mississauga, ON, L4W 0C2 (Affiliated Site)

To book an appointment call: 416-286-4442

FAX COMPLETED FORM TO
1.866.485.1171

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: ☒ Routine ☐ Urgent	
☐ Cardiac Consultation	☐ First Available ☐ Dr. _____
☐ Echocardiogram	☐ Stress Echocardiogram
☐ Treadmill Stress Test (TMST)	☐ Ambulatory BP Monitoring (ABPM)
☐ Holter Monitor: ☐ 72 hr ☐ 14 days	☐ ECG
☐ Cardiac Consultation (for abnormal results only)	

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

RISK FACTORS (check appropriate boxes)		
☐ Age	☐ Obesity	☐ Poor Diet
☐ Family History	☐ Diabetes Mellitus	☐ Sedentary Lifestyle
☐ Ethnicity	☐ Hypertension	☐ High Stress
☐ Smoking History	☐ Dyslipidemia	☐ Metabolic Syndrome

Tel: (416) 286-4442

Fax: (866) 485-1171

Email: info@hhcentre.ca

PLEASE BRING

List of all medications being taken and your OHIP card for all appointments