Clinic and Diagnostics
Unit 30 -3852 4th Ave S
Lethbridge, AB T1J 4Z5

REFERRAL

Phone: (403)328-0693 Fax: (403)328-0619

PATIENT INFORMATION

Name: Last , First			DOB: mm/dd/yyyy
ULI:	SEX:	Address:	City:
Phone:		Postal Code:	Province

REFERRING PHYSICIAN INFORMATION

Name: Last , First		PRAC ID
Address	City	Province
Phone:	Fax:	Postal Code
Signature:		Referral Date: mm/dd/yyyy

URGENCY

- ☐ URGENT
- ☐ SEMI-URGENT
- ☐ ROUTINE
- ☐ SPECIFIC ________

CONSULTATION

- ☐ 1st available
- ☐ Dr. Dustin Johnson
- ☐ Dr. Erwin Villar
- ☐ Dr. Remon Tadros
- ☐ Dr. Abhi Sailendra
- ☐ Dr. Jennifer Andrews

REASON FOR REFERRAL/CLINICAL SUMMARY

CARDIAC TESTING

- ☐ 12 Lead ECG
- ☐ 24 hr Holter Monitor/ECG
- ☐ 48 hr Holter Monitor/ECG
- ☐ Ambulatory BP Monitor
- ☐ Echocardiogram
- ☐ Stress Test

CARDIOVASCULAR INDICATIONS (Please check all that apply)

- ☐ Abnormal ECG
- ☐ Abnormal Treadmill Stress Test
- ☐ CAD/PCI/CABG
- ☐ Chest pain
- ☐ CHF/Edema/PND/Orthopnea
- ☐ CV Risk Assessment
- ☐ Hypertension/LVH
- ☐ Murmur
- ☐ Palpitations/Arrythmias
- ☐ Shortness of Breath
- ☐ Syncope/Presyncope
- ☐ Stroke/TIA
- ☐ Pulmonary Hypertension
- ☐ Valvular Disease
- ☐ Prosthetic Valve
- ☐ Other ________