FORT YORK MEDICAL
Cardiology & Diabetes Centre

Dr. Emmanuel E. Egom MD, PhD, MSc (Prev Cardiol), MSc (MeS), MRCP, FRCPC
Tel: 416 - 594 - 1919 Fax: 416 - 594 - 1681 Email: Contact@Fortyorkmedical.com

Patient Name: _____ Patient Email: _____

Patient Address: _____ Patient OHIP #: _____

_____ DOB: _____ Weight: _____ Height: _____

Patient Phone #: _____

Please fax completed form to: 416 - 594 - 1681

❑ **URGENT** (Check if applicable) **Reason:** _____

❑ **CONSULT** ❑ **CONSULT,** If test result is positive/abnormal and clinically indicated for complete evaluation.

Required for Consults: previous ECG'S, Lab test results, and prior cardiac history with this requisition.

❑ CARDIOLOGY CENTRE OF EXCELLENCE

REASON FOR TEST OR CONSULT _____

CARDIOLOGY

❑ GRADED EXERCISE TEST	❑ RESTING ECG
❑ ECHOCARDIOGRAPHY* STRESS ECHOCARDIOGRAPHY* ❑ EXERCISE ❑ PERSANTINE ❑ DOBUTAMINE *Definity© administration if indicated.	❑ BUBBLE ECHO WITH SALINE CONTRAST ❑ CAROTID ULTRASOUND

HOLTER MONITOR
❑ 24 HRS. ❑ 48 HRS. ❑ 72 HRS. _____

Level 2 - 3 lead Electrode ECG Monitor
❑ 7 DAYS ❑ 14 DAYS

AMBULATORY BLOOD PRESSURE MONITOR ($75)
❑ DIAGNOSIS ❑ FOLLOW UP

❑ DIABETES CENTRE OF EXCELLENCE CONSULT

CONSULT DETAILS _____

Please include all relevant diagnostic historical test results and medication History

❑ HEART HEALTH PROGRAM ENROLLMENT

Required for enrollment:

❑ Asymptomatic, no surgical interventions in the past year or planned for the coming year.
❑ 2 or more modifiable risk factors and/or Framingham risk score > 10% (assessed by Physician).
❑ Please provide recent relevant lab and diagnostic testing results and consults.
❑ **Check appropriate risk factors on reverse for the Heart Health Program.**

Billing number: _____
Tel #: _____
Fax #: _____
CC Physician: _____
Email: _____ (Optional)

Surname: _____ **First Name:** _____
Referring Physician Signature:
_____
Referring Physician Stamp:

HYPERTENSION CANADA'S GUIDELINES FOR AMBULATORY BLOOD PRESSURE MONITOR, INDICATED FOR:

1. Diagnosis of hypertension.
2. Elevated BP in office despite: antihypertensive medications, or hypotensive symptoms, or fluctuating office readings, or assessment of nocturnal dip in blood pressure.

HEART HEALTH PROGRAM ENROLLMENT - Check appropriate risk factors to enroll the patient into the Heart Health Program.

❑ Smoking History	❑ Dyslipidemia	❑ High Stress	❑ Stable* Peripheral Artery Disease
❑ Obesity	❑ Poor Diet	❑ Diabetes Mellitus	❑ Stable* Cerebrovascular Disease
❑ Hypertension	❑ Sedentary Lifestyle	❑ Stable* Coronary Artery Disease	❑ Metabolic Syndrome
			❑ Framingham Score > 10%

Please provide recent relevant lab and diagnostic testing results and consults
*Asymptomatic, no surgical interventions in the past year or planned for the coming year.