E-CONSULTATION REQUISITION

690 DORVAL DRIVE SUITE 300
OAKVILLE ON L6K 3W7
WWW.OAKVILLECARDIOLOGISTS.COM

PATIENT LINE 905.849.6799
BOOKING LINE 905.849.9367
FAX 905.849.8266

PATIENT NAME		REFERRING MD	
BIRTHDATE	dd /mm /yy ☐M ☐F	SECURE EMAIL	
HEALTH CARD		ADDRESS	
TEL	(H)	TEL	
	(W)	FAX	
ADDRESS		DATE OF REQUEST	dd /mm /yy

PART A: REFERRING PHYSICIAN TO COMPLETE

ELIGIBILITY FOR E-CONSULT : (please check one)

☐ Patient of :

- ☐ Dr Vera Chiamvimonvat
- ☐ Dr Michael Heffernan
- ☐ Dr Sean Jedrzkiewicz
- ☐ Dr Russell Mao
- ☐ Dr David McConachie
- ☐ Dr Jan Orfi

☐ Patient who has had cardiac testing at Oakville Cardiologists or Oakville Hospital

GUIDELINES :

- All sections must be filled out.
- Please attach relevant tests.
- Requisition to be emailed to: cardiology@ontariomd.ca
- Incomplete form will be returned, resulting in delay.

CLINICAL QUESTION :

CARDIAC HISTORY

Coronary artery disease	☐ no	☐ yes	Details :
CHF / Cardiomyopathy	☐ no	☐ yes	
Arrhythmia	☐ no	☐ yes	
Valvular heart disease	☐ no	☐ yes	
Congenital heart disease	☐ no	☐ yes	
Other	☐ no	☐ yes	

RISK FACTORS

Diabetes	☐ no	☐ yes	
Hypertension	☐ no	☐ yes	
Hyperlipidemia	☐ no	☐ yes	
Smoking history	☐ no	☐ yes	☐ former
Family history	☐ no	☐ yes	

Cerebrovascular disease	☐ no	☐ yes
Peripheral vascular disease	☐ no	☐ yes
Other :		
Details :		

PAST MEDICAL HISTORY :