MEDI-SHARE
DIAGNOSTIC CARDIOLOGY SERVICES

Strathroy Middlesex General Hospital
395 Carrie Street
Strathroy, ON N7G 3J4
Phone: 519-245-5295 ext. 5531
Fax: 519-246-5919

Appointment Date: _____ Time: _____

PATIENT INFORMATION (PRINT OR AFFIX LABEL)

LAST NAME		FIRST NAME	
HEALTH CARD #	VERSION CODE	DATE OF BIRTH (DD/MM/YYYY)	GENDER ☐ MALE ☐ FEMALE
ADDRESS		CITY	POSTAL CODE

PHONE (HOME)	PHONE (WORK)	PHONE (CELL)
PREFERRED METHOD OF CONTACT ☐ PHONE ☐ EMAIL	EMAIL ADDRESS	

DIAGNOSIS/REASON FOR REFERRAL

URGENT? ☐ YES ☐ NO

☐ Abnormal CXR	☐ Congestive Heart Failure with Edema	☐ Post Cardiac Bypass
☐ Abnormal ECG	☐ Congestive Heart Failure without Edema	☐ Prosthetic Heart Valve (specify position/type/date of implant below, if known)
☐ ACS/Post Myocardial Infarct	☐ Coronary Artery Disease	☐ Pulmonary Disease
☐ Arrhythmia (specify below)	☐ Dyspnea/SOBOE	☐ Suspected Structural Heart Disease
☐ Atrial Fibrillation – New Onset	☐ Endocarditis	☐ Syncope/Presyncope
☐ Atrial Fibrillation – Reassess	☐ Evaluation of Drug Therapy	☐ TIA/Stroke/Embolic Event
☐ Cardiomyopathy	☐ Hypertension	☐ Valvular Disease Follow Up (specify below)
☐ Chest Pain	☐ Mitral Valve Prolapse	☐ Valvular Regurgitation (specify below)
☐ Conduction Disturbances	☐ Murmur	☐ Valvular Stenosis (specify below)
☐ Congenital/Inherited Disease (specify below and provide old reports, if possible)	☐ Pacemaker/ICD assessment	☐ Other (specify below)
	☐ Palpitations	
	☐ Pericardial Disease	

OTHER CLINICAL INFORMATION INCLUDING MEDICATIONS (SPECIFY CONDITIONS, IF POSSIBLE)

REQUESTED TESTING/SERVICE

☐ HOLTER MONITOR ☐ 24 HOURS ☐ 48 HOURS ☐ 72 HOURS ~~☐ 7 DAYS~~ ☐ 14 DAYS

REFERRING PHYSICIAN INFORMATION

NAME (PLEASE PRINT)	BILLING NUMBER
PHONE	FAX

COPY TO (PRINT FULL NAME)	COPY TO (FAX)
SIGNATURE (REFERRING PHYSICIAN)	DATE

To book appointment call 519-245-5295 (ext 5531) OR fax requisition to 519-246-5919 and we will contact patient to schedule appointment
NOTE: Please attach all relevant clinical information (past history and current medications) for consultations and stress test referrals