



WOMEN'S COLLEGE HOSPITAL  
Health care for women | REVOLUTIONIZED

76 Grenville Street, 4th Floor, Toronto, ON M5S 1B2

Tel: 416-323-7723 Fax: 416-323-6304

PATIENT IDENTIFICATION

## CARDIOLOGY REFERRAL

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YYYY/MM/DD

URGENT or  First available  Or \_\_\_\_\_

Ability to communicate in English.  Yes  No

Translation services required for \_\_\_\_\_ language

### REASON FOR REFERRAL

Hypertension

Coronary Artery Disease (CAD)

Symptoms:  Chest pain  Shortness of breath  Palpitations

Syncope  Presyncope

Risk Factors:  Smoking  Family history  Obesity

Hypercholesterolemia  Diabetes

Previous Cardiac Event

Abnormal Cardiac Test (please attach results, if not done at WCH)

Other \_\_\_\_\_

**CLINIC USE ONLY: Appointment information: PLEASE NOTIFY YOUR PATIENT**

Date: \_\_\_\_\_ Time: \_\_\_\_\_, Physician: \_\_\_\_\_

### REFERRING PHYSICIAN

Name: \_\_\_\_\_ Billing Number: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Referring Physician Name: \_\_\_\_\_ Signature: \_\_\_\_\_

"This fax transmission contains confidential information that is intended only for the named recipient. If you are not the intended recipient, you are hereby notified that any use, review, disclosure, copying, or distribution of the contents of this fax is strictly prohibited. If you have received this fax transmission in error, please immediately notify the sender at the telephone number provided above to arrange for the return or destruction of this document".