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## PATIENT INFORMATION

NAME

DOB

PHN

- MALE  
 FEMALE  
 OTHER

PHONE (H)

PHONE (M)

EMAIL

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## CARDIOLOGY CONSULTATION

All pts undergo relevant investigations promptly to assist with triage

- Dr. Eli Rosenberg** (MSP 66533)

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## **PULSE** **CARDIAC REHABILITATION** **FIT RX** CARDIOLOGIST | EXERCISE PHYSIOLOGIST | REGISTERED DIETITIAN

- Cardiac Rehab – 1° prevention** (\$100/mo) or pay what you can  
 **Cardiac Rehab – 2° prevention** (\$100/mo) or pay what you can

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## DIAGNOSTICS

- ECG**  
 **Treadmill Exercise Stress Test**  
 **24-Hour Ambulatory BP Monitor** (\$75)

## HOLTER MONITOR

- 24-Hour Holter** + ECG ← *Best for daily Sx's*  
 **7-Day Patch Holter** + ECG ← *Best for less freq Sx's*  
 **14-Day Patch Holter** + ECG ← *Best to rule out AFib*  
 **14-Day Patch Holter x2** + ECG ← *Rule out AFib post-CVA/TIA*

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## REASON FOR REFERRAL

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## TRIAGE

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>Urgent</b><br>New CCS III or IV angina<br>Severe Sx's<br>Progressive typical angina<br>Syncope w/out prodrome<br>Pre-op urgent surgery<br>?Pericarditis (> mild Sx's)<br>(or similar urgency) | <input type="checkbox"/> <b>Semi-Urgent</b><br>New CCS II angina<br>Sx's with severe ↓QOL<br>Progressive atypical CP<br>Freq syncope with prodrome<br>Pre-op semi-urgent surgery<br>?Pericarditis (mild Sx's)<br>AF difficult to control<br>Severe valve disease + Sx's<br>Severe valve disease + ↓LVEF<br>(or similar urgency) | <input type="checkbox"/> <b>Routine</b><br>Next available |
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## REFERRING PHYSICIAN

NAME

MSP

FAX

SIGNATURE

DATE

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**Fax referral to 604-736-6442**

*Feel free to use an EMR referral form instead of this form*