

## CARDIAC DEVICE AND ARRHYTHMIA SERVICES REFERRAL

Phone: 905-338-4363

Fax: 905-815-5126

Dr. Kostas Ioannou, MD, FRCPC

Patient Name: \_\_\_\_\_

Health Card #: \_\_\_\_\_

☐ Male ☐ Female DOB: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

**Please Fax form and supporting documents to: 905-815-5126**

Date of Referral	Referring Physician	Phone #	Family Physician
Is Patient Competent to Consent?	Has a Substitute Decision Maker been informed of consult request?	Billing #	Contact #
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Substitute Decision Maker Name	

### Reason for Referral (if urgent please specify):

- ☐ Elective \_\_\_\_\_
- ☐ Urgent \_\_\_\_\_

**\* Emergent / Inpatients – Please contact on-call Cardiologist and fax referral**

### Attach copies of:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Recent clinic/consult notes                  | <input type="checkbox"/> Relevant Holter/Rhythm strip                        | <input type="checkbox"/> Ejection Fraction (EF%) if known: _____ |
| <input checked="" type="checkbox"/> ECG  | <input type="checkbox"/> Device/pacemaker clinic note (if non Oakville site) | <input type="checkbox"/> Other: _____                            |
| <input checked="" type="checkbox"/> Echo   |  |  |
| <input checked="" type="checkbox"/> Medications and Allergies                    |  |  |
| <input checked="" type="checkbox"/> Anticoagulants or antiplatelet (list): _____ |  |  |

**\*Incomplete referrals will be returned\***

### Relevant Medical History (attach relevant documentation):

- ☐ History of CHF
- ☐ Ischemic heart disease or history of MI
- ☐ Implanted cardiac device (list type if known):
- ☐ Prosthetic heart valve (mechanical or bioprosthetic):
- ☐ AFIB (paroxysmal/persistent or chronic):
- ☐ DVT/PE
- ☐ Renal Failure (List Cr:): \_\_\_\_\_
- ☐ Diabetes
- ☐ Other: \_\_\_\_\_

Referring Physician Signature

**CLINIC USE  
ONLY**

Date Referral Received

Date of Surgery