

KMH CARDIOLOGY CENTRES INC.

CONSULT

Tel: (905) 855-1860 • Toll Free: 1-877-564-5227 • Fax: (905) 855-1863 • Toll Free Fax: 1-877-564-3297 • www.kmhlabs.com

CARDIOLOGY CONSULT TEAM

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MD, MSc, FRCPC

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MD, CM, FRCPC

Shivesh Goberdhan
MD, MS, FRCPC

Arvinder Grover
MD, FRCPC, FACC

James Johnston
MD, FACC, FSCAI

Aaron F. Jolly
MD, FACC, FASNC

Fatima Merali
MD, MSc, FRCPC

Robert Myers
MD, FRCPC, FACC

Mahadevan Rajaram
MD, FRCPC, FACC

Jenny Wu
MD, FACC

INTERNAL MEDICINE CONSULT TEAM

Young Choi
MD, FRCPC

Julian Dalgliesh
MBBS, MD, DABIM

Sevan Evren
MSc, MD, DABIM

Gary Fullerton
MD, FRCPC

Joe Heng Lai
MSc, MD, FRCPC

Michael Perras
MD, DABIM

Mihir Soparkar
MD, DABIM

LOCATIONS

- ☐ Burlington
- ☐ Hamilton
- ☐ Kitchener
- ☐ Markham
- ☐ Mississauga
- ☐ North York
- ☐ Scarborough
- ☐ St. Catharines
- ☐ Toronto
- ☐ Woodstock

Patient Name: _____

Patient Address: _____

Patient Phone #: _____

Patient Email*: _____

Patient OHIP #: _____

DOB: _____ Weight: _____ Height: _____

Appt Date: _____ Time: _____

The earliest appointment will be made at the patient's preferred location
Weekend and evening appointments available.

☐ **URGENT**
(Check if applicable)

Reason: _____

1. Fax Completed form to 905-855-1863 or 1-877-564-3297
2. See back for patient instructions, enrollment, and map.
3. For Heart Health Program, please fax both sides of form.

☐ **CONSULT** ☐ **CONSULT**, If test result is positive/abnormal and clinically indicated for complete evaluation
Required for Consults: previous ECG'S, blood work, and prior cardiac history with this requisition.

REASON FOR TEST OR CONSULT

NUCLEAR CARDIOLOGY

MYOCARDIAL PERFUSION

☐ EXERCISE ☐ PERSANTINE (unable to exercise) ☐ EXERCISE OR PERSANTINE ☐ DOBUTAMINE

Physician's Note: Please inform the patient regarding the discontinuation of Beta blockers, Calcium blockers and erectile dysfunction medication 48 hours prior to test and Cialis 96 hours prior to test.

CARDIOLOGY

<input type="checkbox"/> GRADED EXERCISE TEST	<input type="checkbox"/> RESTING ECG	HOLTER MONITOR
<input type="checkbox"/> ECHOCARDIOGRAPHY*	<input type="checkbox"/> BUBBLE ECHO	<input type="checkbox"/> 24 HRS. <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 72 HRS. _____
STRESS ECHOCARDIOGRAPHY*	WITH SALINE CONTRAST	CARDIOSTAT (Wireless ECG Monitor)
<input type="checkbox"/> EXERCISE <input type="checkbox"/> PERSANTINE	<input type="checkbox"/> CAROTID ULTRASOUND	<input type="checkbox"/> 14 DAYS
<input type="checkbox"/> DOBUTAMINE (unable to exercise)	(Mississauga Only)	AMBULATORY BLOOD PRESSURE MONITOR (\$75)
*Definity® administration if indicated.		<input type="checkbox"/> DIAGNOSIS <input type="checkbox"/> FOLLOW UP

☐ HEART HEALTH PROGRAM ENROLLMENT

Required for enrollment:

- ☐ Asymptomatic, no surgical interventions in the past year or planned for the coming year.
- ☐ 2 or more modifiable risk factors and/or Framingham risk score > 10% (assessed by Physician).
- ☐ Please provide recent relevant lab and diagnostic testing results and consults.
- ☐ Check appropriate risk factors on reverse for the Heart Health Program.

Billing number: _____

Tel #: _____

Fax #: _____

CC Physician: _____

Email: _____

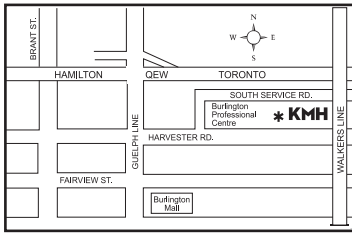
(Optional)

Surname: _____ First Name: _____

Referring Physician Signature:

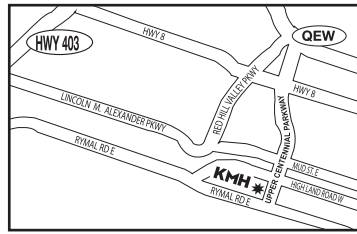
Referring Physician Stamp:

Maps Not to Scale



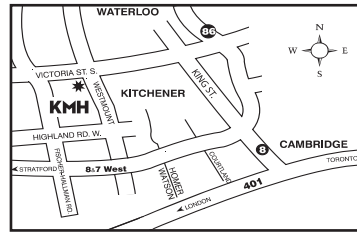
Burlington

Burlington Professional Centre
3155 Harvester Road, Suite 106
Burlington, Ontario L7N 3V2



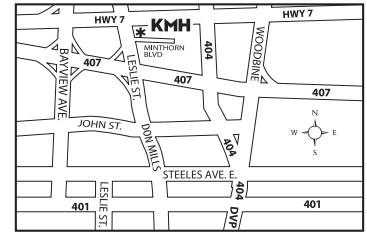
Hamilton

Southmount Health Care Centre
35 Upper Centennial Parkway, Suite 3G
Stoney Creek, Ontario L8J 3W2



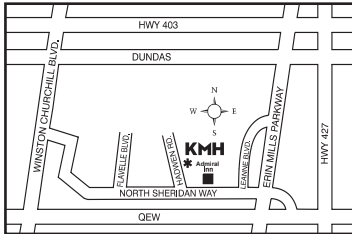
Kitchener

751-B Victoria Street South, Suite 108
Kitchener, Ontario N2M 5N4



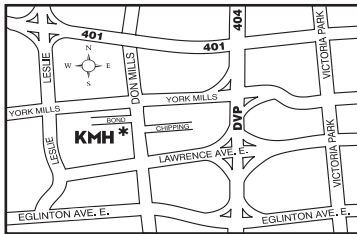
Markham

50 Minthorn Blvd. Suite 101
Markham, Ontario L3T 7X8



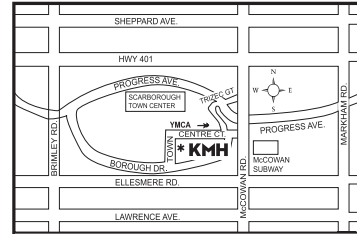
Mississauga

2075 Hadwen Road
Mississauga, Ontario L5K 2L3



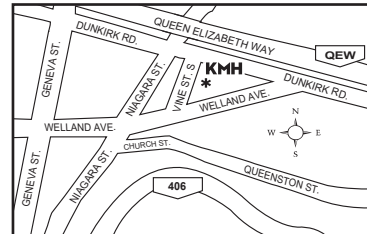
North York

1310 Don Mills Road, Suite 5
North York, Ontario M3B 2W6



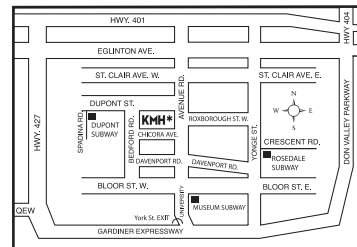
Scarborough

55 Town Centre Court, Suite 109
Scarborough, Ontario M1P 4X4



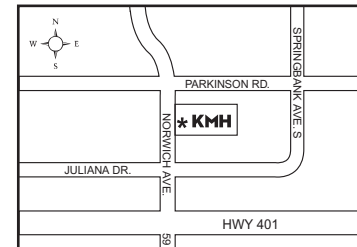
St. Catharines

180 Vine Street South, Suite 106
St. Catharines, Ontario L2R 7P3



Toronto

236 Avenue Road
Toronto, Ontario M5R 2J4



Woodstock

437 Norwich Ave
Woodstock, Ontario N4S 3W4

* Patient Email: Confidential patient email will solely be used to send patient appointment notices and clinic experience survey/patient satisfaction survey link. Emails from KMH to a patient will exclusively come from info@kmhlabs.com.

CARDIOSTAT (CONTINUOUS ECG MONITOR)

1. **CardioSTAT is a single-use, long term continuous ECG monitor** that is 9mm thick and about the size of a large bandage (142mm by 40mm) with no wires.
2. **CardioSTAT is showerproof.** Patients can maintain their daily hygiene routine without interrupting the recording.
3. **No return appointment necessary.** Once the recording period is completed, the patient simply returns the monitor using a pre-stamped envelope.

NUCLEAR CARDIOLOGY PATIENT INSTRUCTIONS

1. A light breakfast or light lunch and then nothing to eat or drink (except sips of water for medications) for 3 hours prior to the study. No caffeine for 12 hours prior to the study (no tea, coffee, decaffeinated products, chocolate, soda pop or medications containing caffeine).
2. Bring comfortable shoes, t-shirt and pants or shorts for exercise tests.
3. Bring all current prescription medications, and **check with your physician** regarding the discontinuation of any heart or erectile dysfunction medications.
4. The Myocardial Perfusion test consists of 2 parts. The first portion lasts approximately 2-3 hours and consists of imaging followed by a stress test. The patient will then wait 45-60 minutes before additional imaging, which takes about 30 minutes.
5. Please bring a snack to eat for after the test is completed.

HYPERTENSION CANADA'S GUIDELINES FOR AMBULATORY BLOOD PRESSURE MONITOR, INDICATED FOR:

1. Diagnosis of hypertension.
2. Elevated BP in office despite: antihypertensive medications, or hypotensive symptoms, or fluctuating office readings, or assessment of nocturnal dip in blood pressure.

HEART HEALTH PROGRAM ENROLLMENT - Check appropriate risk factors to enroll the patient into the Heart Health Program.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Smoking History | <input type="checkbox"/> Dyslipidemia | <input type="checkbox"/> High Stress | <input type="checkbox"/> Stable* Peripheral Artery Disease |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Poor Diet | <input type="checkbox"/> Diabetes Mellitus | <input type="checkbox"/> Stable* Cerebrovascular Disease |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Sedentary Lifestyle | <input type="checkbox"/> Stable* Coronary Artery Disease | <input type="checkbox"/> Metabolic Syndrome |
| | | | <input type="checkbox"/> Framingham Score > 10% |

Please provide recent relevant lab and diagnostic testing results and consults

* Asymptomatic, no surgical interventions in the past year or planned for the coming year.