ORILLIA CARDIAC CARE

31 Frederick Street, Orillia ON, L3V 5W5
Tel: (705) 558-2315 Fax: (705) 503-6334
Website: orilliacardiaccare.ca

Dr. Christopher Nolan *FRCPC, Cardiology, DRCPSC, Advanced Echocardiography*

Patient Information

Patient Name:	
Date of Birth (YYYY/MM/DD):	
Address:	
Preferred Phone:	
Health Card #:	

Sex: _____ Pronouns: _____ Height (cm): _____ Weight (kg): _____

Echocardiography

Transthoracic Echocardiogram

- ☐ LV Function / Suspected CHF
- ☐ *Valvular Disease: Known/ Murmur/ Prosthetic Valve*
- ☐ Arrhythmia
- ☐ Thoracic Aortic Disease
- ☐ Pulmonary Hypertension
- ☐ Other: _____

Stress Echocardiogram

- ☐ Chest Pain / Ischemia Evaluation
- ☐ Hypertrophic Cardiomyopathy
- ☐ Diastolic Assessment
- ☐ Valvular Heart Disease
- ☐ Pulmonary Hypertension
- ☐ Other: _____

Cardiovascular Diagnostics

- ☐ **Treadmill Exercise Stress Test**
  - ☐ Chest Pain
  - ☐ Palpitations
  - ☐ Cardiovascular Risk Factors
  - ☐ Other: _____
- ☐ **12-Lead Resting ECG**
  - ☐ Indication: _____
- ☐ **Holter:** ☐ 24 hour ☐ 48 hour ☐ 7 days
  - ☐ Palpitations
  - ☐ Syncope
  - ☐ Stroke
  - ☐ Suspected Arrhythmia
  - ☐ Other: _____

Indication / Clinical Information

Referring Physician Information

Referring Physician: _____ MD's Signature: _____

Billing Number: _____ Fax Number: _____

Copies of reports to: _____ Date of Referral: _____

Fax completed form to: (705) 503-6334