MOOSE JAW CARDIAC CENTRE
Global Cardiovascular Risk Management

REQUISITION FORM

GENERAL INFORMATION

PATIENT INFORMATION (LABEL):

Last Name, First Name	DOB (MM/DD/YYY)	Gender
Health Number	**Version Code**	**Phone #**

TRANSLATION

Does the patient require a translator?
Assistance available in:*

☐ Arabic ☐ Punjabi
☐ Turkish ☐ Urdu

**Translation assistance subject to availability.*

REFERRING PHYSICIAN:

Referring MD		Phone #	Fax #
Billing #	**Date (MM/DD/YYYY)**	**Signature**	

COPY TO:

REQUEST

☐ **Urgent** ☐ **Routine**

Walk-in Services: ☐ ECG ☐ 24HR BP Monitor ☐ Echo ☐ Holter Monitor ◯ *3-Day* ◯ *7-Day*

By App't Only: ☐ Cardiac Consult ☐ Stress Echo

☐ If diagnostic test is abnormal, please automatically arrange for Cardiac Consultation

REASON FOR REFERRAL

☐ Abnormal ECG
☐ Arrhythmia / A-Fib
☐ CAD Management
☐ Cardiac Risk Assessment
☐ Cardiomyopathy
☐ Chest Pain
☐ CHF (Systolic / Diastolic)
☐ Dizziness
☐ Hypertension
☐ Murmur
☐ Palpitations
☐ Post PCI / CABG
☐ Shortness of Breath
☐ Syncope
☐ TIA / Stroke
☐ Valvular Heart Disease
☐ Other:

CARDIAC CONSULT ☐ First Available

☐ Dr. Tarhuni ☐ Dr. Rodwan ☐ Dr. Aslam
☐ Dr. Niaz ☐ Dr. Awan ☐ Dr. Bali

REASON FOR CONSULTATION

Please bring ALL of your medications (in their original containers) to your appointment

REF: MJCC-REQ-FAX-2024

Please Fax Requisition to: 306-691-5966

361 Main Street North | Moose Jaw, SK S6H 0W2 | **T:** 306-692-5066 | **F:** 306-691-5966