MOOSE JAW CARDIAC CENTRE
Global Cardiovascular Risk Management

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FACP, FACC, FRCPC, CBCCT, CCDS, CCPE, FASE, FAHA

REQUISITION FORM

GENERAL INFORMATION

PATIENT INFORMATION (LABEL):

Last Name, First Name	DOB	Gender
	DD/MM/YYYY	
Health Number	**Version Code**	**Phone Number**

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**	**Signature**	

COPY TO: ______________________

REQUEST

☐ **Urgent** ☐ **Routine**

Walk-in Services:

☐ ECG
☐ Echo
☐ 24HR BP Monitor
☐ Real-time Heart 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

☐ Chest Pain
☐ Hypertension
☐ Post CABG
☐ Arrhythmia
☐ Syncope
☐ Palpitation
☐ Murmur
☐ TIA/Stroke
☐ Abnormal ECG
☐ CAD Management
☐ Atrial Fibrillation
☐ High Blood Pressure
☐ Pulmonary Hypertension
☐ Equivocal Treadmill Stress Test
☐ Valvular Heart Disease
☐ Abnormal CXR
☐ CHF (Systolic / Diastolic)
☐ Shortness of Breath
☐ Screening Cardiomyopathy
☐ Cardiac Risk Assessment / Screening
☐ Diabetic Cardiovascular Screening
☐ Presyncope / Dizziness / Lightheadedeness
☐ Other: ______________________

CARDIOLOGY CONSULTATION

☐ Dr. Tarhuni
☐ Dr. Niaz
☐ Dr. Rodwan
☐ Dr. Nwadiaro
☐ Dr. Aslam
☐ First Available

REASON FOR CONSULTATION

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

**Translation assistance is subject to availability. Please inquire for further details.*

MOOSE JAW CARDIAC CENTRE
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"Together in Caring, Reducing Cardiovascular Disease and Building a Better Future"

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