



CARDIOLOGY REQUISITION FORM

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☐ URGENT ☐ ROUTINE



Date of Referral: _____

PATIENT INFORMATION

Name: _____	Date of Birth (MM/DD/YYYY): _____ Gender: _____
Address: _____	OHIP Number: _____
Phone: _____	Alternate Phone Number: _____
Email: _____	

CARDIOLOGY CONSULTATION: ☐ CONSULT ☐ CONSULT, IF TEST RESULTS IS POSITIVE/ABNORMAL

CARDIAC DIAGNOSTIC TESTING:

ECHOCARDIOGRAPHY:

☐ 2D Echocardiography

EXERCISE TESTING (TREADMILL)

☐ Stress Test
☐ Stress Echocardiography

ELECTROCARDIOGRAPHY:

☐ Holter - 48-hour
☐ Holter - 72-hour
☐ Holter - 7 or 14 Days
☐ ECG

REASON FOR REFERRAL:

SYMPTOMS:

<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Presyncope
<input type="checkbox"/> Dyspnea	<input type="checkbox"/> Syncope
<input type="checkbox"/> Edema	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Palpitations	

CLINICAL DIAGNOSES AND HISTORY:

<input type="checkbox"/> Atrial Fibrillation/Flutter	<input type="checkbox"/> Endocarditis
<input type="checkbox"/> Ischemic Heart Disease	<input type="checkbox"/> Myocarditis
<input type="checkbox"/> Myocardial Infarction	<input type="checkbox"/> Pericarditis
<input type="checkbox"/> Heart failure	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Hypertension	<input type="checkbox"/> CABG /Bypass
<input type="checkbox"/> Dyslipidemia	<input type="checkbox"/> Angioplasty /Stent
<input type="checkbox"/> Diabetes Mellitus	<input type="checkbox"/> Pacemaker or ICD/CRT
<input type="checkbox"/> Abnormal Resting ECG	<input type="checkbox"/> Cardiomyopathy
<input type="checkbox"/> Abnormal Stress Test	<input type="checkbox"/> Valvular heart disease
<input type="checkbox"/> Abnormal Coronary CT	<input type="checkbox"/> Heart murmur NYD
<input type="checkbox"/> Cardiac masses/thrombus	<input type="checkbox"/> Surgery clearance
<input type="checkbox"/> Stroke/TIA	

Other: _____

Referring Physician: _____ Billing Number: _____

Address: _____ Tel: _____ Fax Number: _____

Completed forms are to be returned via fax: 416-503-1495 or email: admin@aspirecardiology.com
Our office will contact the patient directly to schedule an appointment (please attach any relevant/current reports).