GRAND MEDICAL CENTRE

Dr. Scaria .T. George
MD, MRCP (UK), FRCPC
Unit 210, 217 Terrace Hill Street
Brantford, ON.
Phone : 519-805-2280
Fax : 226-227-1437

PATIENT DEMOGRAPHICS :

Full Name :

Gender : ☐ Male ☐ Female Date Of Birth : ☐☐☐☐☐☐☐☐

Address :

Home Phone : Cell Phone :

Health Card No :

PRIORITY :

☐ Urgent (< 1 week) ☐ Semi urgent (1-2 weeks) ☐ Elective (> 2 weeks)

CLINIC TESTING REQUIRED :

☐ Echocardiogram

☐ Contrast Echocardiogram

☐ Stress Echocardiogram

☐ Holter monitor
- ☐ 48 hrs
- ☐ 72 hrs
- ☐ 7 days
- ☐ 14 days

☐ Exercise stress test

☐ 12 Lead ECG

☐ Ambulatory BP Monitoring *

☐ Spirometry

☐ Home sleep study *

* These tests are not covered by OHIP, there is a charge to the patient.

INDICATION FOR REFERRAL :

☐ Chest pain

☐ Palpitations

☐ Abnormal ECG

☐ Shortness of breath / Heart failure

☐ Hypertension

☐ CAD / Post PCI / Post CABG

☐ Syncope / Dizziness

☐ TIA

☐ Pre-operative medical / Cardiology assessment

☐ Atrial fibrillation / SVT

☐ Peripheral vascular disease

OTHER INDICATION FOR REFERRAL (WRITE BELOW) :

CONSULTING SERVICES :

☐ **Cardiology / Arrhythmia / Electrophysiology --- Dr.Syamkumar Divakara Menon**

REFERRAL PHYSICIAN

Full Name : Billing No :

Phone No : Fax No :

Signature : Date :