360 CARDIOLOGY AND DIAGNOSTIC CENTRE
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Etobicoke, ON M9V 4E4
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☐ Emergency Department (ED)
☐ Physician Referral

Hours of Operation
MON-FRI : 9 AM – 5 PM
SAT: 10 AM – 3 PM

Patient Name:	D.O.B:	SEX:
Address:	OHIP:	
Refer to: ☐ Dr. Syed Samir Najib ☐ First Available	Urgency: ☐ Routine (within 4-6 wks) ☐ Urgent (within 1-2 wks)	

Please Check

☐ Consult
☐ Exercise Stress Echocardiogram
☐ ECG
☐ 2D Echocardiogram
☐ 24 Hour Ambulatory BP Testing
☐ Loop Testing
☐ Exercise Stress Test
☐ Holter Testing
☐ 48 Hours
☐ 72 Hours

Reason for Referral

☐ Chest pain ☐ Heart Failure ☐ Murmur or valvular heart disease ☐ Palpitations, syncope, arrhythmia
☐ Congenital ☐ Second Opinion ☐ Assessment prior to non-cardiac surgery ☐ Other:_____

Clinical Information

Cardiac History

☐ Prior MI ☐ Prior Percutaneous Coronary Intervention (PCI) ☐ Prior Cardiac Surgery ☐ Arrhythmias
☐ Prior pacemaker or Implantable Cardioverter Defibrillator (ICD) ☐ Other: _____

Current Medications: _____

Risk Factors

☐ Hypertension ☐ Smoking ☐ Diabetes ☐ Dyslipidemia ☐ Family History CAD ☐ Other: _____

Please include the most recent information with your referral if available:

☐ Blood work ☐ ECG ☐ Cardiac diagnostic testing ☐ Latest medications list

Pertinent medical records such as: Emergency department (ED) visits, previous cardiology consultations, prior admissions.

Referring Physician Name:		OHIP Billing:	CPSO:
Fax:	Phone:	Address:	
Physician Signature:		Date:	
Send Copy To:		Fax:	

Please bring your original health card & this form on your appointment day.