



Cardiology on the Move Diagnostics Inc

Phone (778) 841- 0125 Fax (250) 729- 2674

Unit 204 - 1515 Dufferin Crescent, Nanaimo, BC, V9S 5H6

Referral Form

The appropriate MSP approved clinical indications must be clearly marked. **Incomplete Referrals will be returned.**

(Please Print or Label)

Name: _____

DOB: _____

Medical #: _____

Address: _____

Phone Number _____

Ordering MD: _____

Copies to: _____
(Print Please)

- Holter Monitor – Baseline ECG done prior to holter hook up
 - 24 Hour 48 Hour
- Event Recorder – Baseline ECG done with hook up. Indicate recording time.
 - One Week Two Week
- Electrocardiogram only
- Home Visit if Possible
- Pacemaker/ICD
 - Yes No
- Urgent Request
- Requested time frame: _____

- Pacemaker function test
Note: Pacemaker to be tested every 6-8 months or sooner depending on device status.

History:

- Palpitations
- Bradycardia
- SOB
- Lightheadedness or syncopal spells
- Chest Pain
- Arrhythmias
- Tiredness/Fatigue
- Other: _____

Preliminary Diagnosis:

- Atrial Fibrillation and or Rate Review
- Post Ablation
- Pacemaker Function and evaluation
- Frequent and reproducible cardiac arrhythmias
- Antiarrhythmic drugs review
- Patients who need serial monitoring to assess drug therapies up to two days
- Trends in heart rate of patients with bradycardia
- Other: _____

Cardiac Medications

<input type="checkbox"/> Lasix	<input type="checkbox"/> Coumadin	<input type="checkbox"/> Norvasc
<input type="checkbox"/> HCTZ	<input type="checkbox"/> Plavix	<input type="checkbox"/> Diltiazem
<input type="checkbox"/> Atacand	<input type="checkbox"/> Metoprolol	<input type="checkbox"/> Sotalol
<input type="checkbox"/> Amiodarone	<input type="checkbox"/> Bisoprolol	<input type="checkbox"/> Propafenone
<input type="checkbox"/> Coreg	<input type="checkbox"/> Atenolol	<input type="checkbox"/> Plendil
<input type="checkbox"/> Altace	<input type="checkbox"/> Digoxin	<input type="checkbox"/> Verapamil
<input type="checkbox"/> Enalapril	<input type="checkbox"/> Lipitor	<input type="checkbox"/> ECASA
<input type="checkbox"/> Accupril	<input type="checkbox"/> Crestor	<input type="checkbox"/> Dronedarone

Date Ordered: _____, 20__

Ordering Physician