London Health Sciences Centre

Referral to:
London Heart Rhythm Program
339 Windermere Road, London ON N6A 5A5
Telephone: 519-663-3746 / **Fax:** 519-663-3782

DATE OF REFERRAL: (yyyy/mm/dd)		☐ IN PATIENT ☐ OUT PATIENT
PATIENT NAME:		HT: _____ cm WT: _____ kg
ADDRESS:		TEL: Home: Work: Cell: Email:
CITY:	POSTAL CODE:	
D.O.B.: (yy/mm/dd)	HEALTH CARD #:	Version Code:

REFERRING PHYSICIAN:

NAME:	BILLING NUMBER:
ADDRESS:	
TELEPHONE:	FAX:

DIAGNOSIS / REASON FOR REFERRAL:

REQUESTED SERVICE: ***PLEASE INCLUDE ANY EXISITING RHYTHM STRIPS***

- ☐ Consultation
- ☐ Pacemaker (Please complete Pacemaker referral form)
- ☐ ICD (Please complete ICD referral form)
- ☐ Lead Extraction (Please complete Lead Extraction referral form)
- ☐ Cardioversion
- ☐ Other:

CURRENT MEDICATIONS:

OTHER PERTINENT INFORMATION:

PLEASE INCLUDE ANY EXISTING RHYTHM STRIPS, CARDIAC INVESTIGATIONS (ECG, STRESS TEST, ECHO, ETC,), CLINICAL NOTES, DISCHARGE SUMMARIES, ALONG WITH COMPLETED REFERRAL FORM

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PLEASE VISIT OUR WEBSITE FOR MORE INFORMATION:
www.londoncardiac.ca