Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Hôpital Hotel Dieu Hospital

Hôpital Général de Kingston General Hospital

Patient Name
Date of Birth (yyyy/mm/dd)
Health Card #
CR#
Address
Phone (H)
(W)

Cardiac Diagnostic Test Referral

Referring Practitioner (Print): _____

Referring Practitioner (Signature): _____

Referring Practitioner Fax #: _____

Urgency of Request: ❒ **Next Available** ❒ **Urgent**

166 Brock Street
Brock 2, Cardiology
Telephone 613-544-3400 Ext. 2340
Fax 613-546-7138

76 Stuart Street
FAPC 3, Cardiology
Telephone 613-549-6666 Ext. 3980
Fax 613-548-1387

Type of Test:

❒ Electrocardiogram (Brock 1)

❒ Holter Monitor

❒ 24 hour ❒ 48 hour ~~❒ 72 hour~~ ~~❒ 14 day~~ ~~❒ 28 day~~

❒ Ambulatory Blood Pressure (non-insured)

Stress Testing:

❒ Treadmill Stress Test

RAC (Rapid Access Clinic)

❒ **Consult if positive stress test**

Clinical information/Reason(s) for test:

Common Indications:

❒Chest pain ❒Palpitations ❒S.O.B ❒Syncope ❒Ischemia

Confirmation

(Office use only)

Appointment Date: _____ **Time:** _____