CARDIAC DIAGNOSTICS.SPECIALIST.REFERRAL

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APPOINTMENT DATE: _____ TIME: _____ HC#: _____

Patient's Name: _____ DOB: _____

Phone: (Home) _____ Phone: (Work) _____ Email: _____

REFFERING PHYSICIAN: _____ SIGNATURE: (Required) _____

TEST PRIORITY: ☐ URGENT ☐ NEXT AVAILABLE ☐ OTHER _____

RESULTS call: _____ or fax to: _____ ☐ SAME DAY FAX REPORT REQUIRED

CARDIAC TESTING REFERRAL

- ☐ APBM*-24 Hour Ambulatory Blood Pressure Monitor
  *Not covered by OHIP $60.00
- ☐ ELECTROCARDIOGRAM
- ☐ SPIROMETRY - with flow/volume loop
  - ☐ post bronchodilator
  - ☐ post exercise (for exercise induced asthma)
- ☐ CARDIAC HOLTER MONITOR
  - ☐ 24 hour ☐ 48 hour
- ☐ STRESS TEST
  Patient Weight _____
- ☐ STRESS ECHO
- ☐ 2D ECHOCARDIOGRAM WITH COLOUR FLOW DOPPLER
- ☐ ABI (Ankle Brachial Index Vascular Assessment)
- ☐ LOOP EVENT MONITOR

SPECIALIST REFERRAL

- ☐ Dr. Joseph Berlingieri, MD FRCPC
  Internal Medicine, Critical Care Medicine
- ☐ Dr. Mary Messieh, MD FRCPC
  Internal Medicine, Allergy and Immunology
- ☐ Specialist PRE OP CLINIC
  For patients requiring pre operative examinations including Internal Medicine Consultations and Cardiac Diagnostics
- ☐ Dr. William Nisker, MD FRCPC
  Internal Medicine, Geriatric Medicine
- ☐ Dr. Michael Cyr, MD FRCPC
  Internal Medicine, Allergy and Immunology

Date of Surgery
_____

SPECIALIST REFERRAL

- ☐ ASTHMA CLINIC
  For patients diagnosed with Asthma
  Aimed at patient education and gaining better control over Asthma.
- ☐ MEMORY HEALTH CLINIC
  For patients experiencing symptoms of either Alzheimer's disease or other conditions associated with memory loss
- ☐ VASCULAR & DIABETIC HEALTH CLINIC
  Aimed at reducing patient risk for heart attack and stroke. Designed to improve diabetic care and disease management through patient education for type I and II diabetes.
- ☐ HEARING CLINIC
  For patients who require hearing assessment
- ☐ BONE HEALTH CLINIC
  For patients with osteoporosis and related problems
- ☐ POUNDS FOR HEALTH CLINIC
  Weight management clinic. OHIP funded.

Reason for Referral/Test (REQUIRED)

Risk factor assessment: ☐ Advise only ☐ Advise and Rx

Previous Dx: _____ Current Complaint: _____ Other: _____

Clinical Trials screening and participation ☐ YES ☐ NO

For currently available trials visit www.jbnmedical.com or call 905-331-3981
JBN Medical Diagnostic Services Inc. owned by Dr. J. Berlingieri and Dr. W. Nisker, Medical Directors.