MEDIGROUP CARDIO+

Medigroup Cardio+
Telephone: 204-410-5200 | Fax: 431-317-0630 | Email: cardioplus@medigroup.ca
14 - 1585 Kenaston Blvd | Winnipeg, MB R3P 2N3

Cardiology Referral

Patient name: _____ DOB: _____

MH #: _____ PHIN #: _____

☐ Male ☐ Female ☐ Other _____ Email: _____

Address: _____

Phone: home/cell _____ work _____

Referring provider name: _____

Clinic/hospital: _____ Date: _____

Address: _____

Phone: _____ Fax: _____

REASON FOR REFERRAL (check all that apply)

☐ Angina/Chest Pain NYD
☐ Post ACS CAD
☐ Chronic CAD
☐ Peripheral Artery Disease
☐ Atrial Fibrillation
☐ Arrhythmia NYD
☐ Heart Failure
☐ Cardiac Murmur
☐ Cardiovascular Risk Factors (including DM2, HTN, Dyslipidemia)
☐ Other: _____

DIAGNOSTIC TESTING AVAILABLE

☐ 24-hour Ambulatory Blood Pressure Monitoring
☐ Graded Exercise Test (stress test)
☐ Electrocardiogram (EKG) testing, interpretation
☐ Screening Cardiac Ultrasounds (bedside Echocardiogram)
☐ Ankle-Brachial Index Test (ABI)
☐ Holter Monitoring (coming soon)
☐ Spirometry (pre and post)

All test results will be reviewed by one of our physicians

This referral will be triaged by cardiology staff. For prompt booking, please ensure all sections are fully completed.

_____

Signature Date