

Dr. Hamid Reza Bonakdar

Cardiologist • Electrophysiologist

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Tel 604-505-6641 Fax 778-807-1767



Cardiology referral

Fax to 778-807-1767

PATIENT INFORMATION

Last name	
First name	
PHN	
Date of birth DD / MM / YYYY	
Tel	
Address	

PHYSICIAN INFORMATION

Family MD	
Referring MD	
Phone	
Referral date	

URGENCY

- ☐ Urgent (within 1 week)
☐ Semi-urgent (within 4 weeks)
☐ Elective (within 12 weeks)

REASON FOR REFERRAL

- ☐ Chest pain
☐ Dyspnea
☐ Heart racing
☐ Heartbeat irregularity
☐ Dizziness / presyncope
☐ Syncope

OPINION FOR

- ☐ Brugada syndrome
☐ ARVD
☐ Long QT
☐ Device implantation

ARRHYTHMIA

- ☐ Atrial fibrillation
☐ Atrial flutter
☐ SVT
☐ WPW
☐ Frequent PVC / PAC
☐ Sinus bradycardia / pause
☐ AV block
☐ Tachy-brady syndrome
☐ Ventricular tachycardia

If there is documentation of arrhythmia, please attach.

CARDIAC TESTING REFERRAL

- ☐ ECG
☐ Exercise stress test
☐ 24-hour Holter monitoring
☐ 48-hour Holter monitoring
☐ 24-hour blood pressure monitoring (\$50)

CLINICAL INFORMATION

- | | | | |
|------------------------------|---------------------------------------|--|--|
| ☐ CAD | ☐ CVA / TIA | ☐ DM | ☐ FH of SCD |
| ☐ CHF | ☐ Dyslipidemia | ☐ Thyroid disease | ☐ Currently smoker |
| ☐ CKD | ☐ HTN | ☐ FH of heart disease | ☐ Bleeding problems |

Any relevant information / comments

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royalwestclinic.com
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