



London Health Sciences Centre

Referral to:

LHSC ARRHYTHMIA SERVICE

339 Windermere Road, London ON N6A 5A5

Telephone: 519-663-3746 / Fax: 519-663-3782

DATE OF REFERRAL: (yyyy/mm/dd)			
PATIENT NAME:		<input type="checkbox"/> IN PATIENT <input type="checkbox"/> OUT PATIENT	
ADDRESS:		TEL: Home:	
CITY:	POSTAL CODE:	Work:	
		Cell:	
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 EXISTING RHYTHM STRIPS***			
<input type="checkbox"/> Consultation	<input type="checkbox"/> Cardioversion		
<input type="checkbox"/> Pacemaker (Please complete Pacemaker referral form)	<input type="checkbox"/> Consultation / Tilt Table Test		
<input type="checkbox"/> ICD (Please complete ICD referral form)	<input type="checkbox"/> Other:		
<input type="checkbox"/> Lead Extraction (Please complete Lead Extraction referral form)			
CURRENT MEDICATIONS:			
OTHER PERTINENT INFORMATION:			
<p>PLEASE INCLUDE ANY EXISTING RHYTHM STRIPS, CARDIAC INVESTIGATIONS (ECG, STRESS TEST, ECHO, ETC.), CLINICAL NOTES, DISCHARGE SUMMARIES, ALONG WITH COMPLETED REFERRAL FORM</p> <p>FAX TO: 519-663-3782</p>			

PLEASE VISIT OUR WEBSITE FOR MORE INFORMATION:

www.londoncardiac.ca