

Referral to:

LONDON CARDIAC INSTITUTE

North London Medical Centre

201-1055 Fanshawe Park Road West

London ON N6G 0W7

Telephone: 519-645-0146 / **Fax:** 519-645-1584



DATE OF REFERRAL: (yyyy/mm/dd)		LHSC PIN:	EPI ID:
PATIENT NAME:		☐ IN PATIENT ☐ OUT PATIENT	
ADDRESS:		TEL: Home: Work: Cell: Email:	
CITY:	POSTAL CODE:		
D.O.B.: (yy/mm/dd)	HEALTH CARD #:	Version Code:	
REFERRING PHYSICIAN:			
NAME:		BILLING NUMBER:	
ADDRESS:			
TELEPHONE:		FAX:	
DIAGNOSIS / REASON FOR REFERRAL:			
Is this an URGENT request? ☐ Yes ☐ No			
REQUESTED SERVICE: ***PLEASE FAX ANY EXISTING RHYTHM STRIPS***			
☐ Consultation – General Cardiology ☐ Cardioversion ☐ Consultation – London Heart Rhythm Program ☐ Pacemaker (Please complete Pacemaker Referral Form) ☐ Echocardiogram ☐ Bubble Study ☐ Contrast ☐ ICD (Please complete ICD Referral Form) ☐ 24 hr Holter ☐ 48 hr ☐ 72 hr ☐ 2 weeks ☐ Lead Extraction (Please complete Lead Extraction Referral Form) ☐ 12 Lead ECG ☐ Other: ☐ Stress Test (Consult included)			
OTHER PERTINENT INFORMATION (including medications):			
PLEASE FAX ANY <i>EXISTING</i> RHYTHM STRIPS, CARDIAC INVESTIGATIONS (ECGs, Stress Test, Echo, etc), CLINICAL NOTES, DISCHARGE SUMMARIES ALONG WITH THE COMPLETED REFERRAL FORM.			
FAX TO: 519-645-1584			
Revised: 2020 July			

PLEASE VISIT OUR WEBSITE FOR MORE INFORMATION:

www.londoncardiac.ca