

Complete Patient Information: (or affix label here)

Patient Name: _____ M F

PHN: _____ DOB: _____

Phone number: (____) _____

12-lead ECG: URGENT ROUTINE

24h Holter Monitor *includes* **Baseline 12-lead ECG** URGENT ROUTINE

INDICATION:

- Chest Pain
- Palpitations
- Syncopal episode
- Dizziness/presyncope
- SOB
- Other: _____

Does patient have pacemaker/ICD?:

Y N

Device type: _____

CARDIOLOGY CONSULT REQUESTED* FOR THE FOLLOWING ECG or HOLTER Results : (No-charge referral entered on MD's behalf)

ECG:

- Significant abnormalities
- New atrial fibrillation/flutter

HOLTER:

- New atrial fibrillation/flutter
- Patient symptom-arrhythmia correlation
- Significant abnormalities
- ANY OF THE ABOVE

*** If a consult is requested regardless of test results, please send a traditional referral letter for triage purposes (e-form available)**

24-hour AMBULATORY BP

MONITOR (Not MSP billable) *Includes Cardiologist interpretation*

Medications: *(List all applicable)* _____ NONE

Referring Physician: _____ MSP# _____ Signature: _____

Copy to: _____

AVAILABLE LOCATIONS:



Kelowna Cardiology Associates

2606 Pandosy St, Kelowna, BC V1Y 1V6
(Walk-in or call to book appointment)
www.okheart.ca
P: (250) 762-9211 F: (250) 762-8337



Vector Diagnostics (In Plaza 97)

#7 – 2483 Main Street, West Kelowna V4T 2E8
(Walk-in, call to book or BOOK ONLINE)
www.vectorecg.ca
P: (250) 826.9324 F: 1 (800) 650.9104

OFFICE USE ONLY:

Hook up date: _____

Recorder #: _____

Time: _____

Tech: _____

ECG and 24-hour tests are available on a walk-in basis, however, reserving a 24-hour monitor appointment is recommended as quantity is limited. Please call or visit websites for walk-in hours