Dr. ZAHID SARDAR, B.Sc., FRCP(C) FACP
General Internal Medicine & Special Interest in Cardiology

CHEST PAIN ASSESSMENT CLINIC

PATIENT INFORMATION	
Name: _____	**Referring Physician (print):** _____
H/C #: _____	**Billing #:** _____
DOB: _____	
Phone #: _____	**Family Physician:** _____
Alternate #: _____	

☐ **URGENT** ☐ **ELECTIVE**

CHEST PAIN CRITERIA:

	YES	NO
1) New onset / typical vs atypical for angina.	☐	☐
2) Known for CAD with changes in Chest Pain symptoms.	☐	☐

EXCLUSION CRITERIA:

	YES	NO
1) Uncontrolled HTN (> 180/110).	☐	☐
2) Severe/known valvular disease.	☐	☐
3) Uncontrolled arrhythmia.	☐	☐
3) Heart Failure Exacerbation.	☐	☐
4) Unable to Exercise on treadmill.	☐	☐

HISTORY:

RISK FACTORS: HTN ☐ DM ☐ ⬆Chol ☐ TIA/CVA ☐ FH CAD ☐ Previous CABG ☐ PCI/Stent ☐

SMOKING STATUS: Current ☐ Ex ☐ Never ☐

Attached: ECG ☐ ECHO ☐ LABS ☐ CXR ☐ HOLTER ☐

120 Wellington St., St. Thomas, Ontario N5R 2R4 Tel: (519) 633-9200 Fax: (519) 633-2391