

# KMH CARDIOLOGY CENTRES INC.

## CONSULT

Tel: (905) 855-1860 • Toll Free: 1-877-564-5227 • Fax: (905) 855-1863 • Toll Free Fax: 1-877-564-3297 • www.kmhlabs.com

### CARDIOLOGY CONSULT TEAM

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MD, MSc, FRCPC

**Jonathan Bishinsky**  
MD, CM, FRCPC

**Shivesh Goberdhan**  
MD, MS, FRCPC

**Arvinder Grover**  
MD, FRCPC, FACC

**James Johnston**  
MD, FACC, FSCAI

**Aaron F. Jolly**  
MD, FACC, FASNc

**Robert Myers**  
MD, FRCPC, FACC

**Mahadevan Rajaram**  
MD, FRCPC, FACC

**Jenny Wu**  
MD, FACC

### INTERNAL MEDICINE CONSULT TEAM

**Young Choi**  
MD, FRCPC

**Julian Dalgliesh**  
MBBS, MD, DABIM

**Sevan Evren**  
MSc, MD, DABIM

**Gary Fullerton**  
MD, FRCPC

**Joe Heng Lai**  
MSc, MD, FRCPC

**Michael Perras**  
MD, DABIM

**Mihir Soparkar**  
MD, DABIM

### LOCATIONS

- Burlington
- Hamilton
- Kitchener
- Markham
- Mississauga
- North York
- Scarborough
- St. Catharines
- Toronto
- Woodstock

Patient Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_

Patient Email:\* \_\_\_\_\_

Patient OHIP #: \_\_\_\_\_

DOB: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Appt Date: \_\_\_\_\_ Time: \_\_\_\_\_

The earliest appointment will be made at the patient's preferred location  
Weekend and evening appointments available.

**URGENT**  
(Check if applicable)

Reason: \_\_\_\_\_

1. Fax Completed form to 905-855-1863 or 1-877-564-3297
2. See back for patient instructions, enrollment, and map.
3. For Heart Health Program, please fax both sides of form.

**CONSULT**  **CONSULT**, If test result is positive/abnormal and clinically indicated for complete evaluation  
**Required for Consults:** previous ECG'S, blood work, and prior cardiac history with this requisition.

### REASON FOR TEST OR CONSULT

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### NUCLEAR CARDIOLOGY

#### MYOCARDIAL PERFUSION

EXERCISE  PERSANTINE (unable to exercise)  EXERCISE OR PERSANTINE  DOBUTAMINE

Physician's Note: Please inform the patient regarding the discontinuation of Beta blockers, Calcium blockers and erectile dysfunction medication 48 hours prior to test and Cialis 96 hours prior to test.

### CARDIOLOGY

<input type="checkbox"/> GRADED EXERCISE TEST	<input type="checkbox"/> RESTING ECG	HOLTER MONITOR
<input type="checkbox"/> ECHOCARDIOGRAPHY*	<input type="checkbox"/> BUBBLE ECHO	<input type="checkbox"/> 24 HRS. <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 72 HRS. _____
STRESS ECHOCARDIOGRAPHY*	WITH SALINE CONTRAST	CARDIOSTAT (Wireless ECG Monitor)
<input type="checkbox"/> EXERCISE <input type="checkbox"/> PERSANTINE (unable to exercise)	<input type="checkbox"/> CAROTID ULTRASOUND (Mississauga Only)	<input type="checkbox"/> 14 DAYS
*Definity® administration if indicated.		AMBULATORY BLOOD PRESSURE MONITOR (\$75)
		<input type="checkbox"/> DIAGNOSIS <input type="checkbox"/> FOLLOW UP

#### HEART HEALTH PROGRAM ENROLLMENT

##### Required for enrollment:

- Asymptomatic, no surgical interventions in the past year or planned for the coming year.
- 2 or more modifiable risk factors and/or Framingham risk score > 10% (assessed by Physician).
- Please provide recent relevant lab and diagnostic testing results and consults.
- Check appropriate risk factors on reverse for the Heart Health Program.

Billing number: \_\_\_\_\_

Tel #: \_\_\_\_\_

Fax #: \_\_\_\_\_

CC Physician: \_\_\_\_\_

Email: \_\_\_\_\_

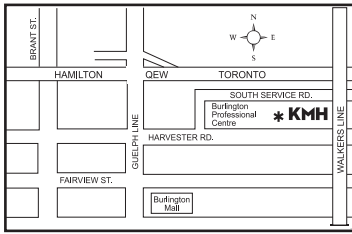
(Optional)

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Referring Physician Signature:

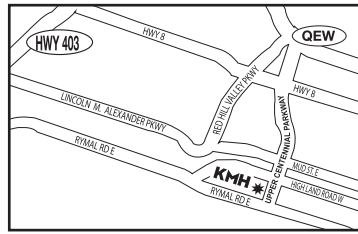
Referring Physician Stamp:

# Maps Not to Scale



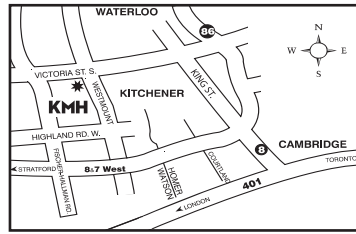
## Burlington

Burlington Professional Centre  
3155 Harvester Road, Suite 106  
Burlington, Ontario L7N 3V2



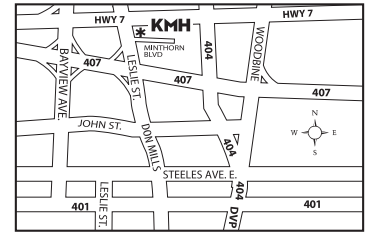
## Hamilton

Southmount Health Care Centre  
35 Upper Centennial Parkway, Suite 3G  
Stoney Creek, Ontario L8J 3W2



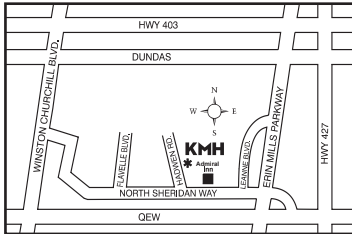
## Kitchener

751-B Victoria Street South, Suite 108  
Kitchener, Ontario N2M 5N4



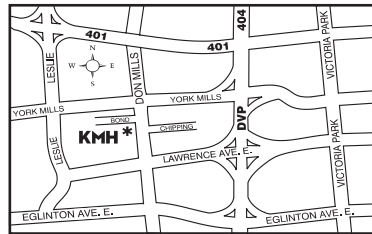
## Markham

50 Minthorn Blvd. Suite 101  
Markham, Ontario L3T 7X8



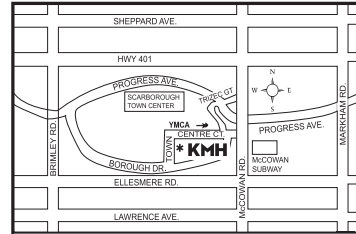
## Mississauga

2075 Hadwen Road  
Mississauga, Ontario L5K 2L3



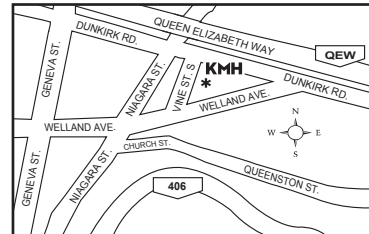
## North York

1310 Don Mills Road, Suite 5  
North York, Ontario M3B 2W6



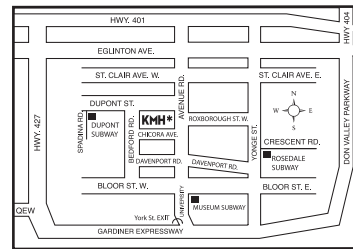
## Scarborough

55 Town Centre Court, Suite 109  
Scarborough, Ontario M1P 4X4



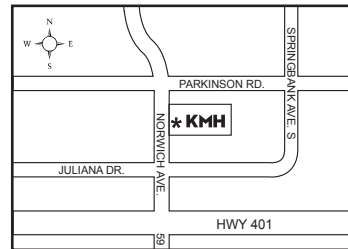
## St. Catharines

180 Vine Street South, Suite 106  
St. Catharines, Ontario L2R 7P3



## Toronto

236 Avenue Road  
Toronto, Ontario M5R 2J4



## Woodstock

437 Norwich Ave  
Woodstock, Ontario N4S 3W4

\* Patient Email: Confidential patient email will solely be used to send patient appointment notices and clinic experience survey/patient satisfaction survey link. Emails from KMH to a patient will exclusively come from [info@kmlabs.com](mailto:info@kmlabs.com).

### CARDIOSTAT (CONTINUOUS ECG MONITOR)

1. **CardioSTAT is a single-use, long term continuous ECG monitor** that is 9mm thick and about the size of a large bandage (142mm by 40mm) with no wires.
2. **CardioSTAT is showerproof.** Patients can maintain their daily hygiene routine without interrupting the recording.
3. **No return appointment necessary.** Once the recording period is completed, the patient simply returns the monitor using a pre-stamped envelope.

### NUCLEAR CARDIOLOGY PATIENT INSTRUCTIONS

1. A light breakfast or light lunch and then nothing to eat or drink (except sips of water for medications) for 3 hours prior to the study. No caffeine for 12 hours prior to the study (no tea, coffee, decaffeinated products, chocolate, soda pop or medications containing caffeine).
2. Bring comfortable shoes, t-shirt and pants or shorts for exercise tests.
3. Bring all current prescription medications, and **check with your physician** regarding the discontinuation of any heart or erectile dysfunction medications.
4. The Myocardial Perfusion test consists of 2 parts. The first portion lasts approximately 2-3 hours and consists of imaging followed by a stress test. The patient will then wait 45-60 minutes before additional imaging, which takes about 30 minutes.
5. Please bring a snack to eat for after the test is completed.

### HYPERTENSION CANADA'S GUIDELINES FOR AMBULATORY BLOOD PRESSURE MONITOR, INDICATED FOR:

1. Diagnosis of hypertension.
2. Elevated BP in office despite: antihypertensive medications, or hypotensive symptoms, or fluctuating office readings, or assessment of nocturnal dip in blood pressure.

### HEART HEALTH PROGRAM ENROLLMENT - Check appropriate risk factors to enroll the patient into the Heart Health Program.

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Smoking History | <input type="checkbox"/> Dyslipidemia        | <input type="checkbox"/> High Stress                     | <input type="checkbox"/> Stable* Peripheral Artery Disease |
| <input type="checkbox"/> Obesity         | <input type="checkbox"/> Poor Diet           | <input type="checkbox"/> Diabetes Mellitus               | <input type="checkbox"/> Stable* Cerebrovascular Disease   |
| <input type="checkbox"/> Hypertension    | <input type="checkbox"/> Sedentary Lifestyle | <input type="checkbox"/> Stable* Coronary Artery Disease | <input type="checkbox"/> Metabolic Syndrome                |

Please provide recent relevant lab and diagnostic testing results and consults

\* Asymptomatic, no surgical interventions in the past year or planned for the coming year.