Alberta Health Services

Last Name *(Legal)*	First Name *(Legal)*
Preferred Name ☐ Last ☐ First	DOB *(dd-Mon-yyyy)*
Personal Health Number	ULI ☐ Same as PHN
Administrative Gender ☐ Male ☐ Female ☐Non-binary/Prefer not to disclose (X)	

Outpatient Pre-Registration (Referral) Information
Cardiac Diagnostics

Important - This referral *must be accompanied* with a clinic note. **Fax** completed referral to:

☐ Alberta Childrens Hospital (ACH)	**Fax** 403-955-7621	**Phone** 403-955-7858
☐ Foothills Medical Center (FMC)	403-944-2016	403-944-1507
☐ Peter Lougheed Hospital (PLC)	403-250-9539	403-943-4565
☐ RockyView General Hospital (RGH)	403-943-3336	403-943-3713
☐ South Health Campus (SHC)	403-956-2645	403-956-2605

Referring Clinic Information		Date Booking Request Received	
Appointment Date *(yyyy-Mon-dd)*	Time *(hh:mm)*	Height *(ft/cm)*	Weight *(lbs/kg)*

Electrodiagnostics

☐ Electrocardiogram *(ECG)*
☐ Signal Averaging ECG *(ACH & FMC only)*
Indication for Test _____

Exercise Stress Test
☐ Treadmill Stress Test
☐ Test to be Supervised by Cardiologist /Internal Med. Dr. _____
Indication for Test _____

Ambulatory Monitoring
☐ Holter Monitor ☐ 24 Hour or ☐ 48 Hour
Pacemaker Model
Lower Rate _____
Upper Rate _____
☐ Event Recorder
☐ 1 Week ☐ 2 Week ☐ Other _____
☐ Blood Pressure Monitor *(RGH & SHC only)*
Indication for Test _____

Echocardiography (***Note*** *for PLC only Congenital Heart Patients*) ☐ Previous Echo Report attached

☐ Transthoracic Echocardiogram *(complete)*
☐ Transthoracic Echocardiogram *(limited)*

Special Procedures *(Cardiologist Approval is Required)*
☐ Transesophageal Echocardiogram *(TEE)*
Is patient on CPAP? ☐Yes ☐No
☐ Right Ventricular Biopsy *(ultrasound guidance)*
☐ Pericardiocentesis *(ultrasound guidance)*
☐ Contrast Echocardiogram
☐ Exercise Stress Echocardiogram
☐ Treadmill ☐ Bike
☐ Pharmacological (Dobutamine) Stress Echo
☐ Bubble Study Echocardiogram
Indication for Test _____

Patient History/Medication

Name of Referring/Ordering Physician *(print)*	Signature	Date *(yyyy-Mon-dd)*

Research Information *(if applicable)*

Name of Study	Ethics ID Number	Site ☐ TBCC ☐ Other _____