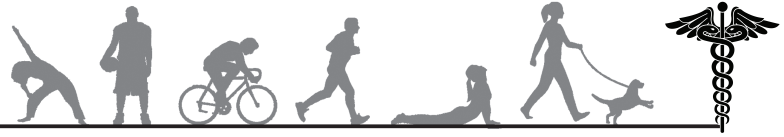
Heart NIAGARA

Making Niagara Heart Healthy Since 1977



4635B Queen Street, Niagara Falls, ON L2E 2L7
Tel: 905-358-5552 Ext 104 Fax: 905-358-6033
Email: info@heartniagara.com Web: heartniagara.com

YOUR PATIENT HAS BEEN BOOKED DATE: ________________ TIME: ______________

Patient Information

Please print required information

Date:

Patient Name: Gender M F

Date of birth: D D M M Y Y Y Y

OHIP Number Version Code

Address:

Phone: *Home*

Cell

Work

Referring Physician *(Signature)* ☐ URGENT 10-24 Hour

Family Physician

Clinical Services Referral

Please check service required

☐ **Echo**

☐ **Holter Monitor** ☐ 24 hr ☐ 48 hr ☐ 72 hr ☐ 2 wk ☐ 4 wk

☐ **24 Hour Ambulatory BP Monitor**
Patient must pay $50.00

☐ **Internal Medicine Consult**

Reason(s) for referral:

☐ Palpitations	☐ Post MI	☐ Dizziness
☐ Syncope/Fainting	☐ Angina	☐ Lightheadedness
☐ Chest Pain	☐ Arrhythmias	☐ Extreme Tremors
☐ Bradycardia	☐ Pacemaker	☐ Atrial Fib
☐ TIA/CVA	☐ Cardiac Arrhythmia	☐ Unexplained Fatigue
☐ Other		

Extra Information:

☐ **Quit Smoking Clinic**

☐ Healthy Daily Living

Patient must purchase services - $125.00

After their vascular risk scoring assessment, Heart Niagara offers patients 4 weeks structured risk reduction service.

- *Physical Activity Counselling*
- *Nutritional Counselling*
- *Smoke Cessation support*
- *Risk reviewed at the end of the program*

☐ HeartCORE

Patient must purchase services - $52.50 per month

After an initial health assessment, patients are offered a supervised health and fitness program which includes services such as:

- *One - One Strength Training Sessions*
- *Physical Activity Plan*

Please fill in the following information and fax it to Heart Niagara at 905-358-6033.