



Children's Heart Centre Pediatric Cardiology Clinical Services Request
Please complete all fields and **fax to (604) 875-3463.**

*****FOR URGENT REFERRALS (TO BE SEEN WITHIN TWO WEEKS)**
CONTACT
CARDIOLOGY ON-CALL @ 604-875-2161***

Patient's Name (Last, First, Middle)		Gender	Referral Date
Birthdate (yyyy/mm/dd)	PHN / HIN		HR / MRUN
Address			Referring Physician / Phone Number
Parent/Caregiver:	Phone:	Cell Phone:	
Cardiologist	Paediatrician	Family Physician	
Email:		Interpreter Required: Y ___ N ___ Language _____	

SPECIFIC REASON FOR REFERRAL: New Re-referral to Dr. _____.
****Include all relevant testing/ consultations. Incomplete referrals may be returned or delay appointment booking.**

Diagnostics only requests (please review referral criteria below):

- ECG-** General Practitioners and Pediatricians ages 0-18 years
- ECHO-** Pediatricians >3 yrs of age. General Practitioners require Cardiology Consult
- Holter Monitor-** Pediatricians ages 0-18 yrs