

FAMILY PHYSICIAN REFERRAL FOR ECHOCARDIOGRAPHY OR STRESS TESTING

PATIENT INFORMATION

Surname	First Name	Middle Name	Phone #
Street Address		Town/City	Postal Code
DOB : YYYY/MM/DD		Health Card #	

Wait times may be long. To check this please go to <http://dom.medicine.dal.ca>.

ECHOCARDIOGRAPHY

For patients with a murmur not previously investigated and with minimal symptoms. If symptoms are significant refer directly to a cardiologist or internist.

- Murmur present with patient standing - benign murmur unlikely
- Mild or no cardiac symptoms
- No previous investigation of murmur

Tick the above to indicate all criteria are met.

Describe murmur and clinical scenario: _____

STRESS TESTING

For patients with intermediate probability of coronary artery disease. Those with high probability (exertional chest pain in older patients or in patients with multiple risk factors) should be referred directly to a cardiologist or internist.

- Female age 50-70 **OR** Male age 40-60
- Atypical angina 1 to 2 risk factors present
- No past history of coronary artery disease No aortic stenosis
- Patient can walk well on a treadmill

Tick the above to indicate all criteria are met.

Describe risk factors and clinical scenario: _____

Physician Name	Physician Signature	Date
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