SOUTH BRUCE GREY HEALTH CENTRE
CHESLEY | DURHAM | KINCARDINE | WALKERTON

"Your Health is the Centre of our Caring"

1199 Queen Street, **KINCARDINE**, ON N2Z 1G6 • Telephone: 519-396-3331 Fax 519-396-5136

KINCARDINE CARDIOLOGY OUTREACH PROGRAM

DATE OF REFERRAL: (yyyy/mm/dd)		
PATIENT NAME:		
ADDRESS:		TEL: Home:
CITY:	POSTAL CODE:	Business:
D.O.B.: (yy/mm/dd)	HEALTH CARD #:	
HEIGHT:	WEIGHT:	

REFERRING PHYSICIAN:

NAME:	BILLING NUMBER:
ADDRESS:	
TELEPHONE:	FAX:

DIAGNOSIS / REASON FOR REFERRAL:

Is this an URGENT request? ☐ Yes ☐ No

PLEASE INDICATE THE CARDIOLOGY SUBSPECIALTY CLINIC THIS PATIENT IS TO BE REFERRED TO:

☐ GENERAL AND INTERVENTIONAL CARDIOLOGY ☐ HEART FAILURE/TEE ☐ ARRHYTHMIA

PLEASE FAX ANY CARDIAC INVESTIGATIONS (ECGs, Stress Test, Echo, etc), CLINICAL NOTES, DISCHARGE SUMMARIES ALONG WITH THE COMPLETED REFERRAL FORM.

FAX TO SCHEDULING AT (519) 396-5136