



Toronto Hypertension Clinic
1600 Steeles Avenue W, Suite 312
Concord, Ontario, L4K 4M2
Phone: 647-313-6116
Fax: 647-313-3001

Consultation & Diagnostics Requisition Form
(Please Fax completed forms to 647-313-3001)

Patient's Name: _____ Telephone #: _____
Address: _____ City: _____
Postal Code: _____ DOB:(YY/MM/DD) _____
Health Card #: _____ Gender: _____

Consultation Type:

- 1) Hypertensive Urgency or Emergency
- 2) Resistant Hypertension Management
- 3) Work-up for Secondary Hypertension
- 4) Cardiovascular Risk Reduction
- 5) Other _____

Sub-specialist Consultation:

- 1) Cardiology (Dr. Fotis Katsikeris)
Referral Reason: _____

- 2) Nephrology (Dr. Ecaterina Berzan)
Referral Reason: _____

Diagnostics:

- 1) 72-Hour Holter Monitor Indication: _____
- 2) 14-Day Holter Monitor Indication: _____
- 3) 2D Echocardiogram Indication: _____
- 4) 24-Hour Ambulatory Blood Pressure Monitor Indication: _____
- 5) 12-Lead ECG Indication: _____

Referral Location:

Family Doctor's Office Specialist Clinic Hospital ER Hospital Inpatient

Referring Physician Information:

Referring Physician: _____ Signature: _____
CPSO#: _____ OHIP Billing#: _____
Address: _____ City: _____ Postal Code: _____
Office phone #: _____ Fax #: _____

Thank-you for your Referral

All new referrals will be processed in a timely manner: your patient will be contacted for their appointment by the end of the next business day.