



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 #: _____
Street Address: _____ City: _____
Postal Code: _____ DOB:(YY/MM/DD): _____
Health Card #: _____ Gender: _____

Hypertension Clinic Consultation:

- New Hypertension Diagnosis
- Essential Hypertension
- Hypertensive Urgency
- Resistant or Labile Hypertension
- Secondary Hypertension Work-Up

Other Specialist Clinic Consultation:

- Vascular Medicine Clinic (Dr. Liam Finlay)
- Nephrology Clinic (Drs. Bailey Goldman & Ecaterina Berzan)
- Cardiology Clinic (Drs. Fotis Katsikeris & David Dorian)

Referral Details: _____

Diagnostics:

- | | |
|---|-------------------|
| <input type="checkbox"/> 72-Hour Holter Monitor | Indication: _____ |
| <input type="checkbox"/> 14-Day Holter Monitor | Indication: _____ |
| <input type="checkbox"/> 2D Echocardiogram | Indication: _____ |
| <input type="checkbox"/> 24-Hour Ambulatory BP Monitor | Indication: _____ |
| <input type="checkbox"/> 12-Lead ECG | Indication: _____ |
| <input type="checkbox"/> Exercise Stress Test (GXT) | Indication: _____ |
| <input type="checkbox"/> Exercise Stress Echocardiogram | Indication: _____ |

Referral Location:

Family Physician 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

Your patient will be contacted for their appointment by the end of the next business day.